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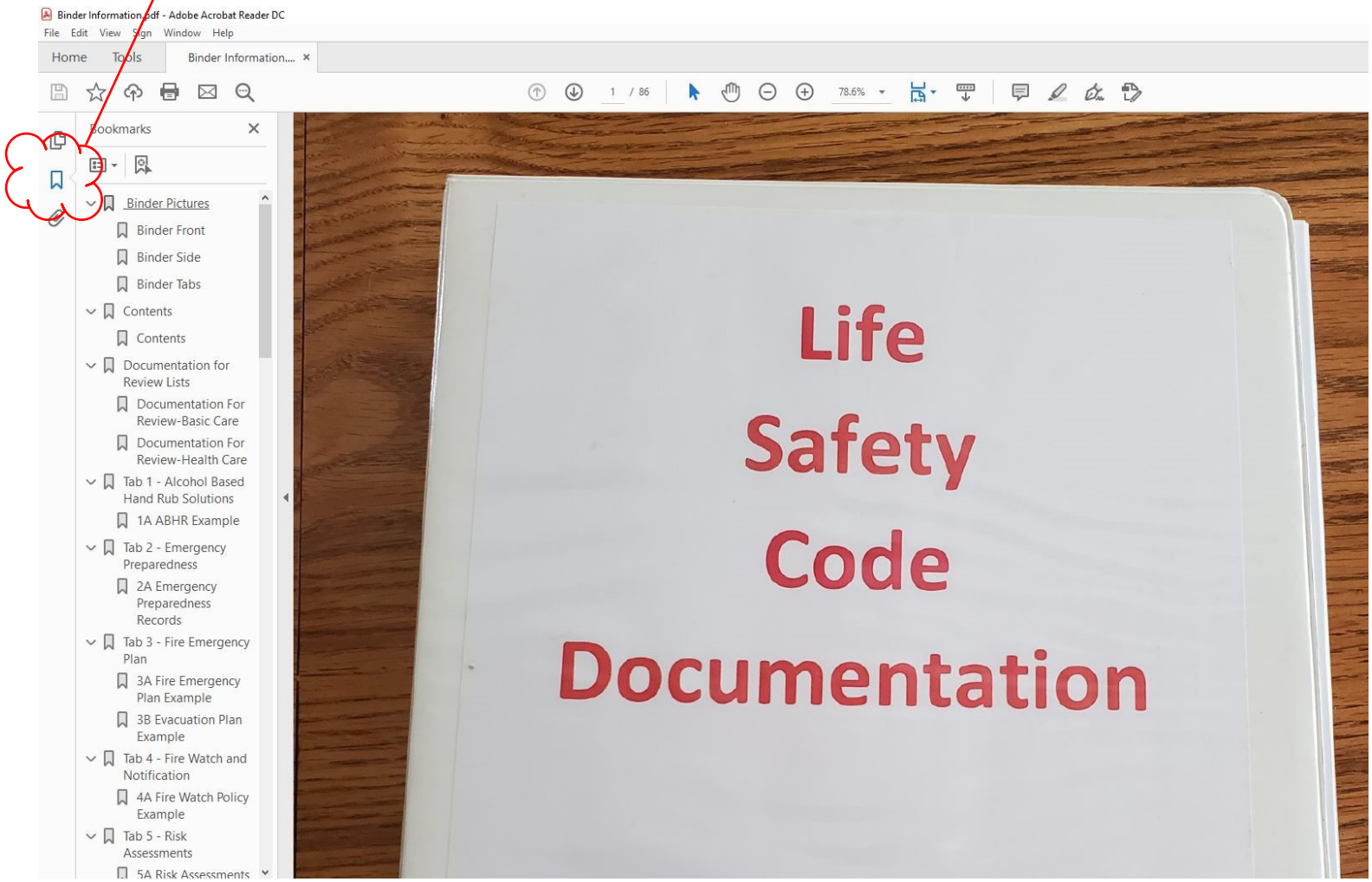

Life Safety Code Documentation

Life Safety Code Doc

North Dakota Department of Health
Division of Life Safety and Construction
04-2020

Documentation for Review
Life Safety Code – Health Care

Policies/Procedures

_____ Alcohol Based Hand Rub Solutions
_____ Emergency Preparedness
_____ Fire Emergency Plan
_____ Fire Watch and Notification
_____ Risk Assessments - In new or remodeled construction
_____ Smoking Policy

Alcohol Based Hand Rub Solutions: The dispensers must be installed in a manner that minimizes leaks and spills that could lead to falls and protects against access by vulnerable populations, such as residents in dementia units. Where dispensers are installed in a corridor, the corridor must be at least 6 feet wide. The maximum individual dispenser fluid capacity is limited to 0.32 gallons in rooms, corridors, and areas open to corridors. The maximum individual dispenser fluid capacity is limited to 0.53 gallons in suites of rooms. The dispensers must be installed at least 4 feet apart. Not more than a total of 10 gallons of solution can be in use in a single smoke compartment outside of a storage cabinet, excluding one individual dispenser per room. Storage of more than 5 gallons of solution in a single smoke compartment must meet the requirements of NFPA 30. The dispensers cannot be installed over or directly adjacent to an ignition source. Dispensers installed directly over carpeted floor surfaces are permitted only in smoke compartments protected by automatic sprinkler systems.

Emergency Preparedness: The facility must comply with all applicable Federal, State and local emergency preparedness requirements. The facility must establish and maintain a comprehensive emergency preparedness program.

Fire Emergency Plan: A written plan must be provided for the protection of all patients and residents and for their evacuation in an emergency. The plan must include use of the alarm system, transmission of the alarm to the fire department, emergency phone call to the fire department, response to the alarm, isolation of the fire, evacuation of the area, evacuation of the smoke compartment, preparation for evacuation, and fire extinguishment.

Fire Watch and Notification: Where a fire alarm system is out of service for more than 4 hours in a 24-hour period, or an automatic sprinkler system is out of service for more than 10 hours in a 24-hour period, the Health Department must be notified, and the building must be evacuated or an approved fire watch provided for all areas left unprotected by the shutdown until the system has been returned to service. The fire watch must be conducted by dedicated personnel and the individuals cannot be assigned additional duties.

Risk Assessments: Risk Assessments shall be conducted on systems in new or remodeled construction that are included in the following chapters of NFPA 99, *Health Care Facilities Code*, 2012 edition: Chapter 5 – Gas and Vacuum Systems; Chapter 6 – Electrical Systems; Chapter 9 – Heating, Ventilation, and Air Conditioning; Chapter 10 – Electrical Equipment; and Chapter 11 – Gas Equipment. The records where the facility has documented its risk assessments should be kept up to date and available on site for inspectors to be able to understand the appropriate category of systems that should be installed in the facility.

Smoking Policy: A written smoking policy must be developed and enforced. Staff, patients, residents, and the general public that frequent the building must be taken into consideration when developing the smoking policy. Smoking policies should be posted in conspicuous locations.

Records

_____ Automatic Sprinkler System Inspection & Testing
_____ Automatic Sprinkler System Valves & Gauges
_____ Battery Pack Exit Signs and Emergency Lighting
_____ Cubicle Curtains and Draperies
_____ Fire Alarm System
_____ Fire Alarm Circuit Location Identified
_____ Fire Alarm Devices
_____ Smoke Detectors
_____ Fire Dampers
_____ Fire Door Inspections
_____ Fire Drills – 1 per shift per quarter
_____ Floor Finish – New only
_____ Furnishings and Mattresses
_____ Generator Inspection & Testing
_____ Generator 3 Year 4 Hour Load Test
_____ Generator (Diesel) 30% Load Testing
_____ Generator Transfer Switch
_____ Interior Finish
_____ Portable Fire Extinguishers
_____ Range Hood System Semi-annual & Monthly

Contents

Department of Health

Division of Life Safety and Construction
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Documentation for Review
Life Safety Code – Basic Care

Policies/Procedures

_____ Fire Emergency Plan
_____ Fire Watch and Notification
_____ Smoking Policy

Fire Emergency Plan: A written plan must be provided for the protection of all patients and residents and for their evacuation in an emergency. The plan must include use of the alarm system, transmission of the alarm to the fire department, emergency phone call to the fire department, response to the alarm, isolation of the fire, evacuation of the area, evacuation of the smoke compartment, preparation for evacuation, and fire extinguishment.

Fire Watch and Notification: Where a fire alarm system is out of service for more than 4 hours in a 24-hour period, or an automatic sprinkler system is out of service for more than 10 hours in a 24-hour period, the Health Department must be notified, and the building must be evacuated or an approved fire watch provided for all areas left unprotected by the shutdown until the system has been returned to service. The fire watch must be conducted by dedicated personnel and the individuals cannot be assigned additional duties.

Smoking Policy: A written smoking policy must be developed and enforced. Staff, patients, residents, and the general public that frequent the building must be taken into consideration when developing the smoking policy. Smoking policies should be posted in conspicuous locations.

Records

_____ Automatic Sprinkler System Inspection & Testing
_____ Automatic Sprinkler System Valves & Gauges
_____ Battery Pack Exit Signs and Emergency Lighting
_____ Fire Alarm System
_____ Fire Alarm Circuit Location Identified
_____ Fire Alarm Devices
_____ Smoke Detectors
_____ Fire Dampers – 4 years
_____ Fire Door Inspections
_____ Fire Drills – Monthly – 1 full evacuation per year
_____ Floor Finish
_____ Furnishings, Mattresses and Decorations
_____ Generator Inspection & Testing
_____ Generator 3 Year 4 Hour Load Test
_____ Generator (Diesel) 30% Load Testing
_____ Generator Transfer Switch
_____ Interior Finish
_____ Portable Fire Extinguishers
_____ Range Hood System Semi-annual & Monthly

Automatic Sprinkler System Inspection & Testing: The automatic fire sprinkler system must be inspected and tested in accordance with NFPA 25. A supply of spare sprinklers must be maintained on the premises (never fewer than six). The stock of spare sprinklers must correspond to all types and temperature ratings installed in the building. A sprinkler wrench must be kept on hand in a cabinet. The clearance between the sprinkler deflector and the top of storage cannot be less than 18 inches. This would include materials placed on shelves in closets, storage rooms, etc.

Automatic Sprinkler System Valves & Gauges: All valves shall be inspected weekly. Valves electrically supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly.
After any alterations or repairs, an inspection shall be made by the property owner or designated representative to ensure that the system is in service and all valves are in the normal position and electrically supervised.
The valve inspection shall verify that the valves are in the following condition:
1) In the normal open or closed position
2) Sealed, locked, or supervised
3) Accessible
4) Provided with correct wrenches
5) Free from external leaks
6) Provided with applicable identification

Gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained.

Gauges on dry, preaction, and deluge systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Where air pressure supervision is connected to a constantly attended location, gauges shall be inspected monthly.

Battery Pack Exit Signs and Emergency Lighting: Battery pack exit signs and emergency lighting must to be tested for 30 seconds at least monthly and annually for a 90-minute period. Equipment must be fully operational for the duration of the test. In exit signs with two bulbs, both bulbs must be functional. Battery pack emergency lighting is required at the generator and anesthetizing locations.

Fire Alarm System: The automatic dialer portion of the fire alarm system must be tested monthly, and a complete fire alarm system test and servicing must be performed on an annual basis. The monthly testing may be done in conjunction with the fire drill. Note that activation of the fire alarm is not required during the drill on the night shift. However, the fire alarm system must still be tested each month. The fire alarm can be tested by activating a manual pull station or smoke detector. Upon activation of the alarm, determine that smoke and fire doors close properly, the fire department notification device functions, smoke dampers close, etc. Annual test documentation must itemize initiation devices and notification devices individually and list device type, address, location, and test results.

Fire Alarm Circuit Location Identified: The location of the dedicated branch circuit disconnecting means shall be permanently identified at the control unit. For fire alarm systems, the circuit disconnecting means shall be identified as "FIRE ALARM CIRCUIT" and shall have a red marking. The circuit disconnecting means shall be accessible only to authorized personnel.
The dedicated branch circuit(s) and connections shall be protected against physical damage.

Fire Alarm Devices: Device test results (alarm initiating, supervisory alarm initiating, and notification) shall provide an itemized list with the device type, address, location, and test result as required.

Smoke Detectors: The sensitivity of the smoke detectors must be determined during the first year after installation and every alternate year thereafter. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests can be extended, not to exceed 5 years.

Fire Dampers: Fire dampers need to be continuously maintained in a reliable operating condition as required by NFPA 90A. Maintenance for fire dampers is to be performed at least every 4 years. Maintenance of fire dampers includes: fusible links removed; dampers operated to verify that they close fully; latch, if provided, checked; and moving parts lubricated as necessary.

Fire Door Inspections: Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually.

Fire Drills: Each resident shall receive an individual fire drill walk-through within five days of admission. Residents and staff, as a group, must evacuate the building or relocate to an assembly point identified in the fire evacuation plan. One drill per year for total building evacuation by all staff and residents is required. Drills must be conducted monthly (a minimum of 12 per year) alternating with all work shifts.

Written records of fire drills must be maintained. Written documentation must include the dates and times of drills, duration, staff and residents participating, residents absent and why, description of the drill, including escape path used, and evidence of a simulated call to the fire department.

Floor Finish: Interior floor finish must be Class I or Class II floor finishes (such as carpet) in corridors and exits. Facilities must have documentation as to the floor finish rating of the material.

Furnishings, Mattresses and Decorations: In areas not protected by automatic fire sprinklers, newly introduced upholstered furniture owned by the facility must meet NFPA 260 and ASTM E 1537, upholstered furniture belonging to residents in sleeping rooms shall not be required to be tested, provided that a smoke alarm is installed in such rooms; battery-powered single-station smoke alarms shall be permitted in such rooms. In areas not protected by automatic fire sprinklers, newly introduced mattresses owned by the facility must meet ASTM E 1590, mattresses belonging to residents in sleeping rooms shall not be required to be tested, provided that a smoke alarm is installed in such rooms; battery-powered single-station smoke alarms shall be permitted in such rooms. New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities shall meet the NFPA 701, In other than common areas, new draperies, curtains, and other similar loosely hanging furnishings and decorations shall not be required to comply where the building is protected throughout by an approved automatic sprinkler system.

Generator Inspection & Testing: Generator sets (used for emergency lighting) shall be tested 12 times a year, with testing intervals of not less than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly.

Generator 3 Year 4 Hour Load Test: Generator sets (used for emergency lighting) shall be exercised under load once every 36 months for 4 continuous hours.

Generator (Diesel) 30% Load Testing: Diesel generator sets (used for emergency lighting) in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:

(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.

(2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating.

Diesel-powered EPS installations that do not meet the requirements shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours.

Generator Transfer Switch: Generator automatic transfer switches (used for emergency lighting) must be operated monthly, consisting of electrically operating the transfer switch from the standard position to the alternate position and then a return to the standard position. Maintenance programs for transfer switches include checking of connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. The maintenance procedure and frequency should follow those recommended by the manufacturer. NFPA 110 suggests visual inspection and cleaning annually and recommends an annual maintenance program including one major maintenance and three quarterly inspections. The major maintenance includes a thermographic or temperature scan of the automatic transfer switch.

Interior Finish: Interior finish documentation is required for wall and ceiling materials that are required to have a Class A or Class B interior finish rating.

Portable Fire Extinguishers: Monthly and annual maintenance of the portable fire extinguishers must be conducted. The 6 year chemical change for dry chemical fire extinguishers and the 12 year hydrostatic vessel test must be performed. CO_2 portable fire extinguisher vessels must be hydrostatically tested every 5 years.

Range Hood System: The UL 300 kitchen range hood automatic extinguishing system must be serviced and inspected for cleaning every 6 months. On a monthly basis an inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual.

At a minimum, this quick check or inspection shall include verification of the following:

1) The extinguishing system is in its proper location.
2) The manual actuators are unobstructed.
3) The tamper indicators and seals are intact.
4) The maintenance tag or certificate is in place.
5) No obvious physical damage or condition exists that might prevent operation.
6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range.
7) The nozzle blowoff caps, where provided, are intact and undamaged.
8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated.

If any deficiencies are found, appropriate corrective action shall be taken immediately. At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. The records shall be retained for the period between the semiannual maintenance inspections.

A K-type fire extinguisher is required in kitchens that are equipped with a UL 300 hood system. A sign must be installed instructing on the use of the extinguisher.

North Dakota Department of Health
Division of Life Safety and Construction
04-2020

Documentation for Review
Life Safety Code – Health Care

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_____ Fire Alarm Devices
_____ Smoke Detectors
_____ Fire Dampers
_____ Fire Door Inspections
_____ Fire Drills – 1 per shift per quarter
_____ Floor Finish – New only
_____ Furnishings and Mattresses
_____ Generator Inspection & Testing
_____ Generator 3 Year 4 Hour Load Test
_____ Generator (Diesel) 30% Load Testing
_____ Generator Transfer Switch
_____ Interior Finish
_____ Portable Fire Extinguishers
_____ Range Hood System Semi-annual & Monthly

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Automatic Sprinkler System Valves & Gauges: All valves shall be inspected weekly. Valves electrically supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly.
After any alterations or repairs, an inspection shall be made by the property owner or designated representative to ensure that the system is in service and all valves are in the normal position and electrically supervised.
The valve inspection shall verify that the valves are in the following condition:
1) In the normal open or closed position
2) Sealed, locked, or supervised
3) Accessible
4) Provided with correct wrenches
5) Free from external leaks
6) Provided with applicable identification

Gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained.

Gauges on dry, preaction, and deluge systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Where air pressure supervision is connected to a constantly attended location, gauges shall be inspected monthly.

Battery Pack Exit Signs and Emergency Lighting: Battery pack exit signs and emergency lighting must to be tested for 30 seconds at least monthly and annually for a 90-minute period. Equipment must be fully operational for the duration of the test. In exit signs with two bulbs, both bulbs must be functional. Battery pack emergency lighting is required at the generator and anesthetizing locations.

Cubicle Curtains and Draperies: Draperies, curtains, decorations, wall hangings, theatre curtains, and other similar furnishings must be flame resistant. Where laundering will remove the flame-retardant application, documentation is required to verify that these materials have been re-treated.

Fire Alarm System: The automatic dialer portion of the fire alarm system must be tested monthly, and a complete fire alarm system test and servicing must be performed on an annual basis. The monthly testing may be done in conjunction with the fire drill. Note that activation of the fire alarm is not required during the drill on the night shift. However, the fire alarm system must still be tested each month. The fire alarm can be tested by activating a manual pull station or smoke detector. Upon activation of the alarm, determine that smoke and fire doors close properly, the fire department notification device functions, smoke dampers close, etc. Annual test documentation must itemize initiation devices and notification devices individually and list device type, address, location, and test results.

Fire Alarm Circuit Location Identified: The location of the dedicated branch circuit disconnecting means shall be permanently identified at the control unit. For fire alarm systems, the circuit disconnecting means shall be identified as "FIRE ALARM CIRCUIT" and shall have a red marking. The circuit disconnecting means shall be accessible only to authorized personnel.
The dedicated branch circuit(s) and connections shall be protected against physical damage.

Fire Alarm Devices: Device test results (alarm initiating, supervisory alarm initiating, and notification) shall provide an itemized list with the device type, address, location, and test result as required.

Smoke Detectors: The sensitivity of the smoke detectors must be determined during the first year after installation and every alternate year thereafter. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests can be extended, not to exceed 5 years.

Fire Dampers: Fire dampers need to be continuously maintained in a reliable operating condition as required by NFPA 90A. Maintenance for fire dampers is to be performed at least every 4 years (6 years in hospitals). Maintenance of fire dampers includes: fusible links removed; dampers operated to verify that they close fully; latch, if provided, checked; and moving parts lubricated as necessary.

Fire Door Inspections: Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives.

Fire Drills: Fire exit drills must include the transmission of a fire alarm signal and the simulation of emergency fire conditions, except that the movement of patients or residents to safe areas or to the exterior of the building is not required. Drills must be conducted quarterly on each shift to familiarize staff with signals and emergency actions required under varied conditions. Drills must be held at unexpected times and under varying conditions to simulate an actual fire. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of

audible alarms. The purpose of a fire drill is to test the efficiency, knowledge, and response of staff. Its purpose is not to disturb or excite patients or residents. Documentation must include the date and time of the drill.

Floor Finish: All newly installed floor finishes (such as carpet) in corridors and exits must have documentation as to the floor finish rating of the material.

Furnishings and Mattresses: In areas not protected by automatic fire sprinklers, newly introduced upholstered furniture owned by the facility must meet NFPA 261 and ASTM E 1537. In areas not protected by automatic fire sprinklers, newly introduced mattresses owned by the facility must meet Part 1632 of the Code of Federal Regulations 16 and ASTM E 1590.

Generator Inspection & Testing: Generator sets shall be tested 12 times a year, with testing intervals of not less than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly.

Generator 3 Year 4 Hour Load Test: Generator sets shall be exercised under load once every 36 months for 4 continuous hours.

Generator (Diesel) 30% Load Testing: Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:

(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.

(2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating.

Diesel-powered EPS installations that do not meet the requirements shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours.

Generator Transfer Switch: Automatic transfer switches must be operated monthly, consisting of electrically operating the transfer switch from the standard position to the alternate position and then a return to the standard position. Maintenance programs for transfer switches include checking of connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. The maintenance procedure and frequency should follow those recommended by the manufacturer. NFPA 110 suggests visual inspection and cleaning annually and recommends an annual maintenance program including one major maintenance and three quarterly inspections. The major maintenance includes a thermographic or temperature scan of the automatic transfer switch.

Interior Finish: Interior finish documentation is required for wall and ceiling materials that are required to have a Class A, Class B, or Class C interior finish rating.

Portable Fire Extinguishers: Monthly and annual maintenance of the portable fire extinguishers must be conducted. The 6 year chemical change for dry chemical fire extinguishers and the 12 year hydrostatic vessel test must be performed. CO_2 portable fire extinguisher vessels must be hydrostatically tested every 5 years.

Range Hood System: The UL 300 kitchen range hood automatic extinguishing system must be serviced and inspected for cleaning every 6 months. On a monthly basis an inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual.

At a minimum, this quick check or inspection shall include verification of the following:

1) The extinguishing system is in its proper location.
2) The manual actuators are unobstructed.
3) The tamper indicators and seals are intact.
4) The maintenance tag or certificate is in place.
5) No obvious physical damage or condition exists that might prevent operation.
6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range.
7) The nozzle blowoff caps, where provided, are intact and undamaged.
8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated.

If any deficiencies are found, appropriate corrective action shall be taken immediately. At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. The records shall be retained for the period between the semiannual maintenance inspections.

A K-type fire extinguisher is required in kitchens that are equipped with a UL 300 hood system. A sign must be installed instructing on the use of the extinguisher.

Alcohol Based Hand Rub Dispenser (ABHR)

ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met:

* Corridor is at least 6 feet wide

* Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols

* Dispensers shall have a minimum of 4-foot horizontal spacing

* Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room

* Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30

* Dispensers are not installed within 1 inch of an ignition source

* Dispensers over carpeted floors are in sprinklered smoke compartments

* ABHR does not exceed 95 percent alcohol

* Operation of the dispenser shall comply with the following criteria:

(a) The dispenser shall not release its contents except when the dispenser is activated, either manually or automatically by touch-free activation.

(b) Any activation of the dispenser shall occur only when an object is placed within 4 in. (100 mm) of the sensing device.

(c) An object placed within the activation zone and left in place shall not cause more than one activation.

(d) The dispenser shall not dispense more solution than the amount required for hand hygiene consistent with label instructions.

(e) The dispenser shall be designed, constructed, and operated in a manner that ensures that accidental or malicious activation of the dispensing device is minimized.

(f) The dispenser shall be tested in accordance with the manufacturer's care and use instructions each time a new refill is installed.

* ABHR is protected against inappropriate access

Special consideration should be given to the following:

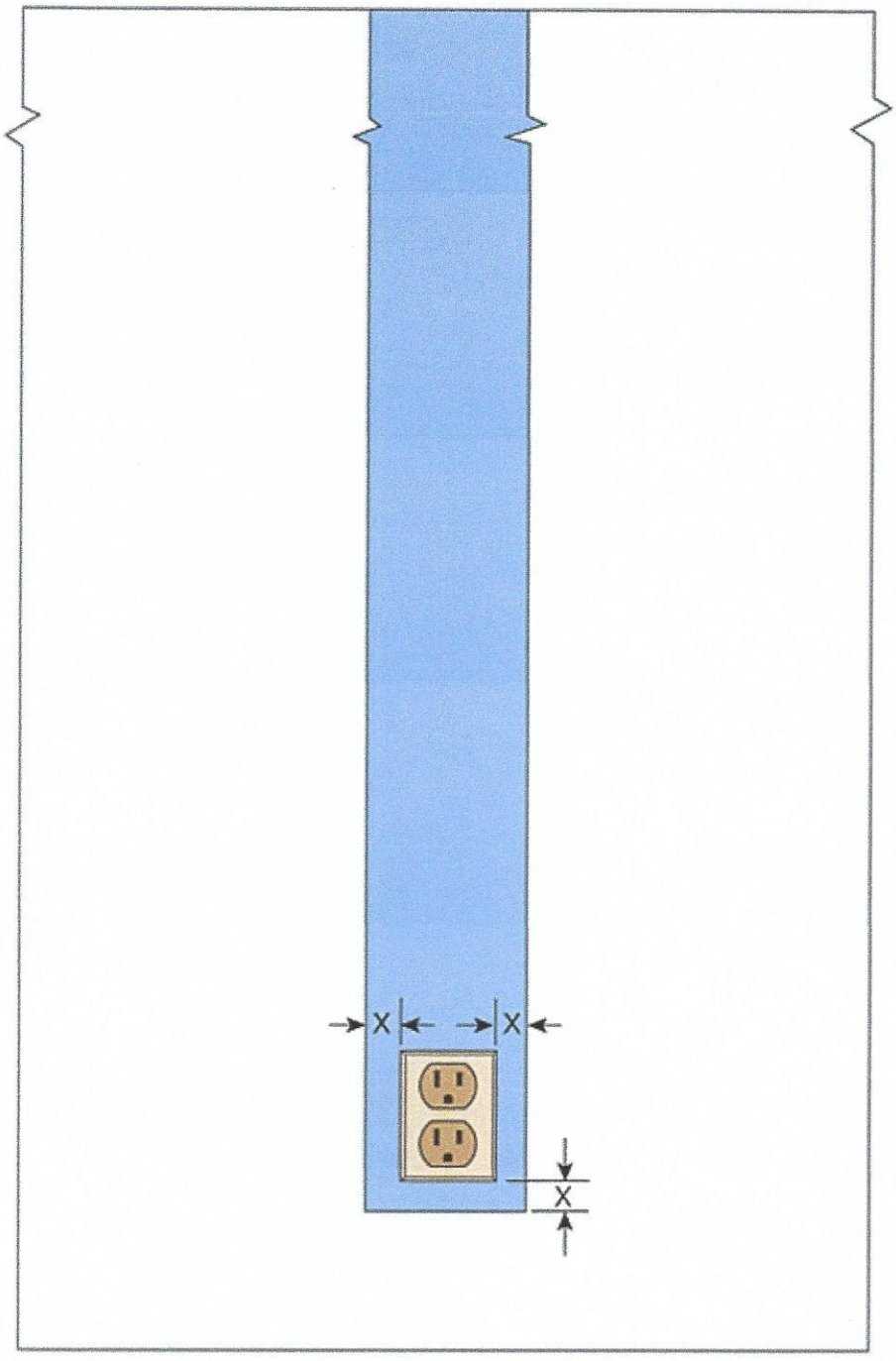
(1) Obstructions created by the installation of hand-rub solution dispensers

(2) Location of dispensers with regard to adjacent combustible materials and potential sources of ignition, especially where dispensers are mounted on walls of combustible construction

(3) Requirements for other fire protection features, including complete automatic sprinkler protection, to be installed throughout the compartment

(4) Amount and location of the flammable solutions, both in use and in storage, particularly with respect to potential for leakage or failure of the dispenser

Prohibited location for alcohol-based hand-rub dispenser with respect to ignition source.



X = 1 in. (25 mm)

Ignition source

Dispenser prohibited from this area

Emergency Preparedness Plan and Training Records

(Located in separate binder in the Safety/Training Director Office.)

Fire Plan

Fire Plan

GENERAL DIRECTIVES

1. All employees are instructed on the fire plan during their initial orientation and through monthly drills. An annual review & update of the Fire Plan is also held.

2. Department supervisors are responsible for on-going instructions as needed for their department.

3. Each employee is responsible for knowing and following the Fire Plan.

4. The primary objective of the Fire Plan is to know what to do if a fire occurs and to prevent fires, injuries, and to save lives.

5. Fire alarms are pulled:

   a. If you smell smoke

   b. If you see smoke and/or flames

6. Know location and use of fire alarms and fire extinguishers.

Fire Plan

GENERAL RESPONSIBILITIES FOR ALL EMPLOYEES DURING "RED EVENT"

1. Remain calm. Do not shout "Fire".
2. Move residents to the safest area, if they are in danger.
3. Pull alarm if you are the one discovering the fire.
4. Fight Fire with proper equipment if needed and safe to do so.
5. Keep visitors with residents, offer reassurance. Stay with residents as assigned.
6. Close doors (fire doors close automatically). Turn off oxygen at bedside. Clear halls and exits, (carts and equipment should be moved to empty rooms.)
7. Report to supervisor, and follow directive given.
8. Walk – Do not Run. Keep to the right in halls. Do not cross fire area.
9. One person from each department needs to respond to the fire with an extinguisher, if safe to do so.

Remember to R.A.C.E.

R – **Rescue** – Rescue anyone near area

A – **Alarm** – Pull fire alarm, report exact location to nurse's station. Announce Red Event and exact location. Report to nurse's station.

C – **Contain** – Close off area by fire

E – **Extinguish** – If possible put out fire with fire extinguisher

Fire Plan

GENERAL RESPONSIBILITIES FOR NURSE IN CHARGE

See Chain of Command

1. **Locate Fire** (may ask another to help locate fire) Check closed doors before opening. IF door is HOT, Do Not Open. Check boards at nurse's station to report exact location Charge nurse checks board when fire alarm goes off *(if actual fire, also give nature of fire,) Nurse in charge will report to scene of fire with an extinguisher.

2. **Person at Nurse's Station:**
   a. Announce "Red Event" & fire location three times

   b. *Call fire department (911) and inform exact location of fire, nature of fire & which door to enter (fire department will call [redacted] to confirm any alarms.) Designate someone to direct the fire department personnel when they arrive. (Housekeeping and maintenance)
   c. *Call to inform Administrator, Maintenance Manager and DON and others as listed in this manual's call list as necessary.

3. Assign staff members to stay with residents and visitors in the areas designated until instructed otherwise.

   6:00 AM-6:30 PM Shift

   All Nurses, CNA's and RN's report to Nurse's Station.
   Staff report to nurse's station.

   6:00 PM – 6:00 AM Shift

   *Assign staff member, if available to stay by the phone
   *Obtain assistance from off duty employees reporting to the facility to assist as needed.
. *Evaluate need to evacuate and initiate if needed.

1. Announce all Clear. *If actual fire, obtain Administrative designee's approval. *Only if actual fire OR Fire Department responds to an alarm.

2. After "ALL CLEAR" silence alarm.

   Insert the Hudson Key on the nurse's key ring and turn.
   Push silence on alarm panel.

3. To Reset the Alarm:

   If pull station has been pulled: Reset the pull station with the Hudson Key on the nurse's key ring.
   Insert the Hudson Key and turn,
   Push: Reset Alarm.

4. Complete fire report form. Maintenance completes fire report and drill reports or person in charge if maintenance not present.

OTHER SPECIFIC DEPARTMENTAL RESPONSIBILITIES

1. **Dietary**
   a. Shut off all electrical equipment and close doors.
   b. Cook reports to the scene of the fire with an extinguisher
   c. Diet Aide reports to the nurses' station, if the fire is not in immediate area.
   d. Assist with evacuation if needed

2. **Maintenance**
   a. Report to scene of fire with a fire extinguisher.
   b. Remain at scene of fire and assist as needed.

3. **Housekeeping/Laundry**
   a. Housekeeper working closest to the fire zone goes to location of fire with fire extinguisher.
   b. Clear hallways of carts and other equipment (put in a non-resident room).
   c. Assist with closing windows and doors.
   d. Secure main entrance of CARE CENTER
   e. If other Housekeepers are on duty they report to nurse's station if fire is not immediate area.

4. **Activities**
    a. If residents are in the Activity Department: remain in the department with them. If fire is in immediate area, ask for assistance in moving residents.
    b. If Activity Department is unoccupied, Activity Director/Activity Aide reports to scene of fire with an extinguisher, additional Activity Aides report to Nurses station.

EVACUATION
Evacuation Plan in Case of Fire

Evacuated Zone where fire is to another Zone

1. Evacuation of an area is necessary in the presence of visible smoke/flame
2. Person in Charge gives order for evacuation of building if needed.
3. Residents are moved to a safe area as designated by the Person in Charge
4. Begin by moving residents to opposite side of fire doors, using most efficient means available.
5. When evacuating residents, go to safest zone as determined by person in charge
6. Personnel from the employee pool at the Nurses Station will be assigned to assist in evacuating residents
7. The Person in Charge shall leave the building only after a thorough inspection of the resident area, to ensure that all residents and staff members have been evacuated; also secured the safety of the resident's records
8. The Person in Charge will ensure that all staff members have been accounted for and/or evacuated, and is responsible for counting residents, according to midnight census sheet and staff.

NOTE: If building evacuation is necessary, refer to Disaster Plan

Fire Watch Policy

Fire Alarm System Out of Service

In the event that the fire alarm system is out of service for more than 4 hours in a 24-hour period, the facility will do the following until the alarm system has been returned to service.

1. Notify Administrator/Administrative Person on Call and Maintenance immediately. They will notify the Fire Safety Division of the State Health Department at first working hours. Telephone Number 701-328-4873

2. Assign personnel without other duties to monitor the facility for any fire that may occur.

3. Complete the form for the fire watch

    a. Document the time of the round
    b. Initial each round

4. Make rounds hourly, checking all areas noted on the Fire Watch Form

5. If a fire is found, follow steps in the Fire Plan.

Automatic Sprinkler System Out of Service

In the event that the automatic sprinkler system is out of service for more than 10 hours in a 24-hour period, the facility will do the following until the system has been returned to service.

1. Notify Administrator/Administrative Person on Call and Maintenance immediately. They will notify the Fire Safety Division of the State Health Department at first working hours. Telephone Number 701-328-4873

2. Assign personnel without other duties to monitor the facility for any fire that may occur.

3. Complete the form for the fire watch

    a. Document the time of the round
    b. Initial each round

4. Make rounds hourly, checking all areas noted on the Fire Watch Form

5. If a fire is found, follow steps in the Fire Plan.

Risk Assessments

(For new or remodeled construction only)

[redacted]

[redacted]

Smoking Policy

Purpose:

[redacted] Care Center shall establish and maintain safe resident smoking practices.

Guidelines:

1. Designated smoking area: Main area out front of building, 20 feet away from entrance, by smoking receptacle but not in the parking lot. The resident must be there before they light up.
2. Smoking hours will be 9am to 8 pm with 2hr intervals between outings. This goes for when on outings.
3. All residents that smoke will be assessed for safe smoking practices by Social Services and be educated on the smoking assessment/agreement and guidelines of smoking policy for the facility.
4. The weather guidelines must be observed by all residents and staff assisting residents for their safety. The following are the weather-related guidelines:
   a. 15 degrees and above with moderate wind is allowable for normal outdoor smoking (maximum of 2 cigarettes).
   b. 1-15 degrees is allowable for **ONE** cigarette only.
   c. When 0 degrees and below, there will be **NO SMOKING OUTDOORS** due to the safety risks associated with hypothermia and frost bite.
5. All residents must be dressed appropriately for weather and an easy read thermometer at the Nurse's station will determine the outdoor temperature or the nurse's cell phone weather app. If there is any dispute or malfunction of the thermometer or the weather conditions are other than stated above and there is *reasonable cause to not allow* outdoor smoking, the charge nurse must use discretion and reason to determine risk and allow/not allow outdoor smoking and document the reason in the resident chart.
6. Residents must "check-out and check-in" for smoking materials with designated staff and the designated staff must follow up with the resident if they have not been checked back in 15 minutes after checking out.
7. Residents who needs a smoking apron per their assessment/agreement, must have it on.
8. Residents are encouraged to have a cell phone with [redacted] Care Center number preprogrammed into the phone when outside and be able to demonstrate ability to call with phone. An door bell alarm has been installed on the bench for residents use in case of an emergency when our smoking. There is also a camera installed to view the front entry way at the nurses station.
9. Resident's room may be subject to room searches if reasonable suspicion that a resident has been smoking in facility.
10. There may be warnings and the possibility of losing smoking privileges for non-compliance with the policy.

11. Smoking materials found in the resident's room will be removed immediately.
12. Doors lock at 10 pm. All smoking for the day will be done at that time.
13. Residents are not to share smoking materials with others.
14. If resident breaks the rules (smoking around oxygen; giving smoking materials to other residents; throwing butts on the ground; lighting cigarettes prior to reaching the designated area; or other assessment or policy guidelines, etc.) they will be reassessed. If it was a violation that put others at risk (smoking in bathroom or resident room; smoking around oxygen; not properly disposing of materials; etc) they lose privileges to smoke and are given option to use ND Quit (like gum, medications, patches to cease smoking).
15. Non-compliance will result in being asked to find another long-term care facility.
    a. Resident will be consulted on smoking policy if caught smoking.
    b. Smoking materials found in resident's room will be removed immediately and "smoking" policy reviewed. Smoking cessation will be offered again.
    c. Resident who continues to smoke will be given 30-day notice to find a replacement facility.
16. New admissions with not be allowed to smoke and will not be evaluated for smoking privileges.
17. If for any reason the resident leaves the facility and does not do a bed hold and then returns for admission, the resident would be considered as a new admission and would not qualify for grandfathering into the evaluation/agreement smoking policy.

Date Implemented:	Date Reviewed/Revised:	Reviewed/Revised By:

Automatic Sprinkler System Records

As-built system installation drawings, hydraulic calculations, original acceptance test records, and device manufacturer's data sheets shall be retained for the life of the system.

Subsequent records shall be retained for a period of 1 year after the next inspection, test, or maintenance of that type required by the standard.

Monthly Visual Inspection of Gauges and Control Valves

Monthly Assessment

YEAR: 2020

Control Valves	Gauges for automatic sprinkler system	Date	Signature
✓	✓	1-5-20	JD
✓	✓	2-4-20	JD
✓	✓	3-7-20	JD
✓	✓	4-3-20	JD
✓	✓	5-8-20	JD
✓	✓	6-9-20	JD
✓	✓	7-2-20	JD

AUTOMATIC SPRINKLER SYSTEMS
QUARTERLY INSPECTION AND TESTING FORM

Owner's Name: [redacted]
Building Address: [redacted]
Owner's Phone #: [redacted] **Emergency Contact #:** [redacted]
Person Doing Inspection: [redacted]

Brand Name of System: Tyco
Location of Main Valve: Basement
Date of Most Recent Annual Test: 7-14-19
Alarm System: (YES) NO **Monitored:** (YES) NO **Standpipe:** (WET) DRY N/A

Y = Satisfactory N = Unsatisfactory (explain below) N/A = Not Applicable

Quarterly Inspections	INSPECTION YEAR: 2020			
Date	1-5-20	4-3-20		
Inspector initials	JD	JD		
Main drain test				
- Record the static water supply pressure in psi as indicated on the lower pressure gauge	54	55		
- Open the main drain and allow water flow to stabilize				
- Record the residual water supply pressure while water is flowing from the main drain in psi	41	41		
- Close the main drain slowly				
Fire department connections (FDC)				
- Verify connection is visible and accessible, not damaged, caps in place, identification sign is in place and automatic drain is working properly	Y	Y		
Wet pipe system flow alarm – notify alarm company **before** proceeding				
- Test water flow alarms by opening the Inspectors test valve	Y	Y		
Dry pipe priming level				
- Check dry priming water level by opening the test valve and checking for water discharge	NA	NA		
Dry pipe system low air pressure alarm				
- Close the water supply valve and ***carefully*** open Inspectors test valve to reduce air pressure ***slowly***				
- Confirm operation of low air alarm, and record air pressure at activation	NA	NA		
- Close Inspectors test, allow air pressure to rise to normal, and open water supply valve				
Dry pipe system flow alarm – notify alarm company **before** proceeding				
- Open the alarm bypass valve	NA	NA		
Quick opening device				
- Test in accordance with manufacturer's instructions	NA	NA		
Preaction system flow alarm – notify alarm company **before** proceeding				
- Open the alarm bypass valve	NA	NA		
Deluge system flow alarm – notify alarm company **before** proceeding				
- Open the alarm bypass valve	NA	NA		
Control valves				
- Close valves and reopen until spring or tension is felt – back valve ¼ turn	Y	Y		
Hydraulic nameplate				
- If system was hydraulically calculated, assure nameplate is legible and securely attached to riser	Y	Y		

This form covers a 1-year period

Notes

REV. 3/03

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...*continued*

Inspecting Firm: RFS, LLC — Inspection Contract#

Name of Inspected Property: [redacted]

Inspector Name: [redacted] — Date: 7/9/20

Inspection Frequency: ☐ Monthly ☐ Quarterly ☑ Annually ☐ Other

Annual Inspection for Wet Pipe Sprinkler Systems

		Y	N/A	N
E.1.0	System in service on inspection	✓		
E.2.0	Hangers and seismic bracing appears undamaged and tightly attached	✓		
E.3.0	Piping appears free of mechanical damage	✓		
E.3.1	Piping appears free of leakage	✓		
E.3.2	Piping appears free of corrosion	✓		
E.3.3	Piping appears properly aligned	✓		
E.3.4	Piping appears free of external loading	✓		
E.4.0	Sprinklers appear free of leakage	✓		
E.4.1	Sprinklers appear free of corrosion	✓		
E.4.2	Sprinklers appear free of foreign materials	✓		
E.4.3	Sprinklers appear free of paint	✓		
E.4.4	Sprinklers appear free of physical damage	✓		
E.4.5	Sprinklers appear properly oriented	✓		
E.4.6	Sprinkler spray patterns appear free of unacceptable obstructions	✓		
E.4.7	Glass bulbs appear full of liquid	✓		
E.4.8	Spare sprinklers are of proper number (at least 6), type and temperature rating	✓		
E.4.9	Spare sprinklers stored where temperature maximum is 100°F	✓		
E.4.10	Wrench available for each type of sprinkler			
	PRIOR TO FREEZING WEATHER:			
E.5.0	Building is secure such as not to expose piping to freezing conditions	✓		
E.5.1	Adequate heat is provided maintaining temperatures at 40°F or higher	✓		
E.6.0	ALARM PANEL CLEAR	✓		
E.7.0	COMMENTS:			

Annual Testing for Wet Pipe Sprinkler Systems

F.1.0	System in service before testing	✓		
F.1.1	Pertinent parties notified before testing	✓		
F.1.2	Adequate drainage provided before flow testing	✓		
F.2.0	Main drain test conducted	✓		
F.2.1	Supply water gauge reading before flow (static)	55 psi		
F.2.2	Gauge reading during stable flow (residual)	41 psi		
F.2.3	Time for supply pressure to return to normal	1 sec		
F.3.0	Antifreeze solution tested and freezing point determined		✓	
F.3.1	Antifreeze solution freezing point	°F		
F.3.2	Antifreeze solution freezing point after adjustment	°F		
F.4.0	Control valves (including backflow and PIVs) operated through full range and returned to normal position	✓		
F.4.1	PIVs opened until spring or torsion felt in rod		✓	
F.4.2	PIVs and OS&Ys backed 1/4 turn from full open		✓	
F.4.3	Main drain test conducted (see F.2.0)	✓		
F.5.0	Backflow prevention assembly forward flow test conducted	✓		
F.5.1	System demand flow was achieved through the device	✓		
F.5.2	Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test)	✓		
F.5.3	Forward flow test conducted without measuring flow (device</=2" and outlet sized to flow system demand)	✓		
F.5.4	Backflow prevention assembly internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ)	✓		
F.5.5	Forward flow test satisfied by annual fire pump flow test	✓		
F.5.6	Backflow preventer performance test conducted as required by the AHJ	✓		
F.6.0	PRV control valves partial flow test conducted and adequate to unseat valve		✓	
F.7.0	Pertinent parties notified of test conclusion	✓		
F.8.0	ALARM PANEL CLEAR	✓		
F.9.0	SYSTEM RETURNED TO SERVICE	✓		
F.10.0	COMMENTS:			

Annual Maintenance for Wet Pipe Sprinkler Systems

G.1.0	System in service before conducting maintenance	✓		
G.2.0	Pertinent parties notified before conducting maintenance	✓		
G.3.0	Operating stems of OS&Y (including backflow) valves lubricated	✓		
G.3.1	Valve completely closed and reopened	✓		
G.4.0	Adequate drainage provided before flow testing	✓		
G.4.1	Main drain test conducted	✓		
G.4.2	Supply water gauge reading before flow (static)	55 psi		
G.4.3	Gauge reading during stable flow (residual)	41 psi		
G.4.4	Time for supply pressure to return to normal	1 sec		
G.5.0	Pertinent parties notified after conclusion of maintenance	✓		
G.6.0	ALARM PANEL CLEAR	✓		
G.7.0	SYSTEM RETURNED TO SERVICE	✓		
G.8.0	COMMENTS:			

INSPECTOR'S INITIAL [redacted] (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL _____ DATE 7/9/20

Monthly Visual Inspection of Gauges and Control Valves

Monthly Assessment

YEAR: 2019

Control Valves	Gauges for automatic sprinkler system	Date	Signature
✓	✓	1-7-19	JD
✓	✓	2-10-19	JD
✓	✓	3-15-19	JD
✓	✓	4-6-19	JD
✓	✓	5-4-19	JD
✓	✓	6-8-19	JD
✓	✓	7-2-19	JD
✓	✓	8-3-19	JD
✓	✓	9-8-19	JD
✓	✓	10-12-19	JD
✓	✓	11-4-19	JD
✓	✓	12-6-19	JD

AUTOMATIC SPRINKLER SYSTEMS
QUARTERLY INSPECTION AND TESTING FORM

Owner's Name: [redacted]
Building Address: [redacted]
Owner's Phone #: [redacted] **Emergency Contact #:** [redacted]
Person Doing Inspection: [redacted]

Brand Name of System: Tyco
Location of Main Valve: Basement
Date of Most Recent Annual Test: 7-12-18
Alarm System: (YES) NO **Monitored:** (YES) NO **Standpipe:** (WET) DRY N/A

Y = Satisfactory N = Unsatisfactory (explain below) N/A = Not Applicable

Quarterly Inspections	INSPECTION YEAR: 2019			
Date	1-7-19	4-6-19	7-2-19	10-12-19
Inspector initials	JD	JD	JD	JD
Main drain test				
- Record the static water supply pressure in psi as indicated on the lower pressure gauge	55	54	56	55
- Open the main drain and allow water flow to stabilize				
- Record the residual water supply pressure while water is flowing from the main drain in psi	41	40	42	41
- Close the main drain slowly				
Fire department connections (FDC)				
- Verify connection is visible and accessible, not damaged, caps in place, identification sign is in place and automatic drain is working properly	Y	Y	Y	Y
Wet pipe system flow alarm – notify alarm company **before** proceeding				
- Test water flow alarms by opening the Inspectors test valve	Y	Y	Y	Y
Dry pipe priming level				
- Check dry priming water level by opening the test valve and checking for water discharge	NA	NA	NA	NA
Dry pipe system low air pressure alarm				
- Close the water supply valve and *carefully* open Inspectors test valve to reduce air pressure *slowly*				
- Confirm operation of low air alarm, and record air pressure at activation	NA	NA	NA	NA
- Close Inspectors test, allow air pressure to rise to normal, and open water supply valve				
Dry pipe system flow alarm – notify alarm company **before** proceeding				
- Open the alarm bypass valve	NA	NA	NA	NA
Quick opening device				
- Test in accordance with manufacturer's instructions	NA	NA	NA	NA
Preaction system flow alarm – notify alarm company **before** proceeding				
- Open the alarm bypass valve	NA	NA	NA	NA
Deluge system flow alarm – notify alarm company **before** proceeding				
- Open the alarm bypass valve	NA	NA	NA	NA
Control valves				
- Close valves and reopen until spring or tension is felt – back valve ¼ turn	Y	Y	Y	Y
Hydraulic nameplate				
- If system was hydraulically calculated, assure nameplate is legible and securely attached to riser	Y	Y	Y	Y

This form covers a 1-year period

Notes

NOVA
FIRE PROTECTION, INC.

304 41st Street SW
Fargo, ND 58103
P: 877-282-0268 F: 701-282-0702
www.novafire.com

5-Year Inspection

Building: [redacted]

Contact: [redacted]

Customer #: [redacted]
Work Order #: [redacted]
Job #: [redacted]
Zone: I
Sec: SC

System(s): (3) Wet Zone(s) (0) Dry Zone(s) (0) Preaction Zone(s) (0) Standpipe(s) (0) Tank(s)
(0) Deluge Zone(s) (0) Fire Pump(s) (0) Antifreeze Zone(s) (0) Foam Zone(s) (0) PRV(s)

Water Supply Source: ☑ City ☐ Tank & Fire Pump

Inspector Name: [redacted] (print)

Date of Inspection: 11-12-19

Questions and tests below are from the 2011 edition of NFPA 25

General:	Y	N/A	N
A. Hydraulic design information attached and is legible?	✓		
B. All gauges in good condition and showing proper water/air pressures?	✓		
C. Are all gauges less than 5 years old or calibrated within last 5 years? Date: ~~1/1/2016~~ 2019	✓		
D. All valve enclosures protected from freezing?	✓		

Control Valves and Check Valves:	Y	N/A	N
A. Are all main control valves accessible, in appropriate open or closed position, and free of leaks?	✓		
B. Are all control valves identified and sealed or supervised?	✓		
C. Control valves operated through full range and left in appropriate open or closed position?	✓		
D. Operating stems of OS&Ys lubricated?	✓		
E. Check valve internally inspected within last 5 years and results satisfactory? Date: 2019	✓		

Sprinkler Heads:	Y	N/A	N
A. Do sprinklers generally appear to be in good external condition?	✓		
B. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	✓		
C. Does there appear to be proper clearance between top of all storage and the sprinkler deflector?	✓		
D. Are extra sprinklers and appropriate sprinkler wrenchs available on premises?	✓		
E. Extra high temperature solder-type heads replaced or tested within last 5 years? Date:		✓	
F. Heads exposed to harsh environments replaced or tested within last 5 years? Date:		✓	
G. Fast response heads 20 or more years old replaced or tested within last 10 years? Date:		✓	
H. Heads in service 50 or more years replaced or tested within last 10 years? Date:		✓	
I. Heads 75 or more years old replaced or tested within in last 5 years? Date:		✓	
J. Dry-type sprinklers replaced or successfully sample tested within last 10 years? Date:		✓	

Piping and Fire Department Connection:	Y	N/A	N
A. Do exposed exterior condition of piping, fittings, and hangers appear to be in satisfactory condition?	✓		
B. Does the exterior condition of the fire sprinkler system appear to be satisfactory?	✓		
C. Has piping in all systems been internally inspected within last 5 years for obstructive materials? Date: 2019	✓		
D. FDC is visible and accessible?	✓		
E. FDC is in satisfactory condition, couplings/swivels rotate, and check valve not leaking?	✓		
F. FDC plugs/caps and automatic drain valve in place and operating?	✓		

Alarms:

	Y	N/A	N
A. Is the system monitored?	✓		
B. Alarm and supervisory devices appear in good external condition?	✓		
C. Did electric alarms including outside horn/strobe operate during test?	✓		
D. Did the supervisory alarms operate during test?	✓		
E. Was the alarm panel free of alarm and trouble signals upon arrival?	✓		
F. Was the alarm panel free of alarm and trouble signals upon departure?	✓		

Base Controls - Locations:

Base #	Size (in)	Location of Controls	Backflow Device	5-year Check Valve Inspection
1	6	[redacted] BASEMENT	Backflow Preventer	N/A

Wet-Pipe Zone(s):

WT - Inspections:

	Y	N/A	N
A. Alarm valves appear in good external condition, free of leaks, and trim valves in correct position?		✓	
B. If installed, did alarm valves, retard chambers, and water-motor gongs test satisfactory?		✓	
C. Waterflow switches tested and operate correctly?	✓		
D. Main drain test results comparable to previous test results?	✓		

WT - Main Drain & Waterflow Switch Testing:

Zone	Size (in)	Main Drain Test			Test Valve Location	Alarm Time	Test Result
		Static PSI	Residual PSI	Drain Size (in)			
1	6	59 PSI	51 PSI	2	AT CONTROLS	25 Sec	✓ Passed ☐ Failed
2	1-5	59 PSI	51 PSI		AT CONTROLS	30 Sec	✓ Passed ☐ Failed

Tamper Switch Device(s):

TS - Inspections:

	Y	N/A	N
A. Tamper and supervisory switches free of damage?	✓		

TS Devices - Testing:

Device #	Switch Location/Valve	Test Result
1	AT CONTROLS	☐ Failed ☐ N/A ✓ Passed
2	AT CONTROLS	☐ Failed ☐ N/A ✓ Passed

Explanation of "No" answers & deficiencies:

Customer/Customer Representative:

A. Has the occupancy and hazard of contents remained the same since last inspection?	Yes ☐	No ☐
B. Has the system remained in service without modification since the last inspection?	Yes ☐	No ☐
C. Was the system free of actuation of devices or alarms since the last inspection?	Yes ☐	No ☐

C. Was the system free of activation of devices or alarms since the last inspection? Yes ☐ No ☐

D. All areas with water-filled piping will maintain temperature of 40F minimum? Yes ☐ No ☐

Customer/Customer Representative: [redacted] (signature and date) [redacted] (print name)

Inspection deficiencies discussed with customer/customer representative? Yes ☐ No ☐ If no, explain _____

Signature of Inspector: [redacted]

Battery Pack Emergency Lighting Records

Records shall be retained until the next test and for 1 year thereafter.

Battery Pack Emergency Light Tests

January 2019

Location	30 Sec.	90 Min.	Pass	Fail	Comments
Corridor by Room 108		X	X		
Corridor by Room 122		X	X		
Corridor by Room 208		X	X		
Corridor by Room 222		X	X		
Corridor by Room 308		X	X		
Corridor by Room 322		X		X	Replaced battery 01/21/2018
Corridor by Room 408		X	X		
Corridor by Room 422		X	X		
Generator Room		X	X		

Battery Pack Emergency Light Tests

February 2019

Location	30 Sec.	90 Min.	Pass	Fail	Comments
Corridor by Room 108	X		X		
Corridor by Room 122	X		X		
Corridor by Room 208	X		X		
Corridor by Room 222	X		X		
Corridor by Room 308	X		X		
Corridor by Room 322	X		X		
Corridor by Room 408	X		X		
Corridor by Room 422	X		X		
Generator Room	X		X		

Cubicle Curtains and Draperies Documentation

Documentation shall be retained for the duration of the item in the facility.

CUBICLE CURTAIN FACTORY 800.588.9296 (/)

Online Store

ALL (/SHOP-IN-STOCK-PRODUCTS)

HOSPITAL CURTAINS (/SHOP-IN-STOCK-PRODUCTS?CATEGORY=HOSPITAL+CURTAINS)

QuickShip Antimicrobial - Cocomo Biscuit

from $105.00

How to order:

1. Select the finished curtain height and width.
2. Enter desired quantity.
3. Add to cart, select mesh & check out!

Finished Vertical Curtain Length:

Select Finished Vertical Curtain Length

Finished Horizontal Curtain Width:

Select Finished Horizontal Curtain Wid

Curtain Pattern and Color:

Select Curtain Pattern and Color

Quantity:

1

ADD TO CART

All hospital cubicle curtains meet local, state & federal fire codes, NFPA 701 certified. Unique and affordable interlocking system connects all curtains together for patient privacy & pulls as one curtain. **ADVANTAGE:** Individual curtains easy to replace for cleaning & use in other areas.

LAUNDRY CARE INSTRUCTIONS

Laundering: Machine wash in water not to exceed 140 degrees Fahrenheit using synthetic setting and mild detergent. Do not use bleach or fabric softener. Do not extract. 30-second spin cycle may be used to remove excess moisture. Remove load immediately.

Drying: Tumble dry 3-5 minutes on synthetic cycle, not to exceed 110 degrees Fahrenheit, until damp dry and remove immediately.

Finishing: No finishing is required if fabric is re-hung immediately following drying cycle.

**PLEASE NOTE: When choosing expedited shipping options, this does not expedite the lead time goods take to ship from our manufacturing facility. Expedited shipping only applies to the service selected once the order has shipped.

Fire Alarm and Smoke Detectors Records

Fire Alarm system records shall be retained until the next test and for 1 year thereafter.

Smoke Detector sensitivity shall be checked within 1 year after installation. Sensitivity shall be checked every alternate year thereafter unless after the second required calibration test, if sensitivity tests indicate that the device has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years.

Semi-Annual Fire Alarm Battery Load Voltage Test

Battery	Date	By	Pass	Fail	Comments
Battery #1	01/12/19	JD	X		95%
Battery #2	01/12/19	JD	X		95%
Battery #1	07/14/19	JD	X		95%
Battery #2	07/14/19	JD	X		95%
Battery #1	01/15/20	JD	X		85%
Battery #2	01/15/20	JD	X		85%
Battery #1	07/01/20	JD		X	75% Installed new battery 07/02/2020
Battery #2	07/01/20	JD		X	75% Installed new battery 07/02/2020
Battery #1					
Battery #2					
Battery #1					
Battery #2					

SimplexGrinnell

FIRE ALARM INSPECTION REPORT

Performed in Accordance with Applicable National Fire Protection Association Standards

[redacted] Inspection

PREPARED FOR

[redacted]

SimplexGrinnell

SimplexGrinnell
FIRE ALARM INSPECTION REPORT

SITE: [redacted]

TABLE OF CONTENTS

SITE: [redacted]

CONTROL PANEL/CENTRAL PROCESSING UNIT

Simplex 4001-9403
Serial # N51082
Building: [redacted] Floor: Area: SE Entry (4004)

Test Performed	Result	Value	Notes
Voltage w/ Charger	Passed	27.4	
Voltage w/o Charger	Passed	25.8	
Battery % of Charge	Passed	100.0	
Battery Age Check	Failed	11.0	Expired Manufactors Date Code
Zone Trouble	Passed		
Signal Trouble	Passed		
Type Signal Circuit	Passed		
AC Input Voltage	Passed		
Earth Detection	Passed		
Lamps/LED Test	Passed		
Drill Switch	Not Applicable		
Control Function(s)	Passed		

SITE: [redacted]

ALARM INITIATING DEVICES

SUMMARY TEST RESULTS

Dev. Type	Description	Total	Number Tested	Number Failed	Number Not Tested
FTHD	Fixed Temp Heat Detector	11	11	0	0
HD	Heat Detector	4	4	3	0
PSD	Photo Smoke Detector	42	42	0	0
PSSA	Pull Station-Single Action	15	15	0	0

DETAIL TEST RESULTS

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
PS[illegible]	301	[redacted]	BY 102				Tested	Passed
PSD	301		BY 102	1.7			Tested	Passed
PSD	301		BY 106	2.2			Tested	Passed
PSD	301		BY 111	2.1			Tested	Passed
PSD	301		BY 114	2.2			Tested	Passed
PSSA	301		BY 116				Tested	Passed
PSSA	301		BY 202				Tested	Passed
PSD	301		BY 202	1.6			Tested	Passed
PSD	301		BY 208	2.3			Tested	Passed
PSD	301		BY 212	2.2			Tested	Passed
PSSA	301		BY 216				Tested	Passed
PSD	301		BY 216	2.2			Tested	Passed
PSD	301		BY Conf Rm	3.1			Tested	Passed
PSSA	301		BY KITCHEN				Tested	Passed
PSSA	301		BY SOILED UTILITY				Tested	Passed
PSD	301		Conf Rm	1.4			Tested	Passed
PSD	301		Ctr Waiting Area	1.5			Tested	Passed
HD	301		IN CLEAN LINEN by Laundry				Tested	Failed
THD	301		IN KITCHEN	See Report Comments			Tested	Passed
HD	301		IN KITCHEN FOOD STORAGE				Tested	Failed
THD	301		IN LAUNDRY	See Report Comments			Tested	Passed
HD	301		IN SOILED LINEN by Laundry				Tested	Failed

SITE: [redacted]

CONTROL/AUXILIARY DEVICES

SUMMARY TEST RESULTS

Dev. Type	Description	Total	Number Tested	Number Failed	Number Not Tested
DH	Door Holder	5	5	0	0

DETAIL TEST RESULTS

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
DH	301	[redacted]	By 102 E				Tested	Passed
DH	301		By 102 W				Tested	Passed
DH	301		By 202 N				Tested	Passed
DH	301		By 202 S				Tested	Passed
DH	320		By Door to Garage				Tested	Passed

SITE: [redacted]

SENSITIVITY TESTING

SUMMARY TEST RESULTS

Dev. Type	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Mfg. Range	Prior Test	Current Test	Test Result
		Building: 301 [redacted]							
PSD		BY 102	1.7				N/A	1.7	Passed
PSD		BY 106	2.2				N/A	2.2	Passed
PSD		BY 111	2.1				N/A	2.1	Passed
PSD		BY 114	2.2				N/A	2.2	Passed
PSD		BY 202	1.6				N/A	1.6	Passed
PSD		BY 208	2.3				N/A	2.3	Passed
PSD		BY 212	2.2				N/A	2.2	Passed
PSD		BY 216	2.2				0.0	2.2	Passed
PSD		BY Conf Rm	3.1				N/A	3.1	Passed
PSD		Conf Rm	1.4				N/A	1.4	Passed
PSD		Ctr Waiting Area	1.5				N/A	1.5	Passed
PSD		MAIN WEST ENTRANCE	2.2				N/A	2.2	Passed
PSD		N. OF EMPLOYEE LOUNGE	1.4				N/A	1.4	Passed
PSD		NW DAYRM NE by TV	1.9				N/A	1.9	Passed
PSD		NW DAYRM NW by Window	2.4				N/A	2.4	Passed
PSD		NW DAYRM SE by Sink	1.7				N/A	1.7	Passed
PSD		NW DAYRM SW by Patio Dr	2.4				N/A	2.4	Passed
PSD		NW DINING E Ctr	18				N/A	1.8	Passed
PSD		NW DINING NW (2098-9201)	2.0				N/A	2.0	Passed
PSD		NW DINING SW	1.7				N/A	1.7	Passed
PSD		Special Care Day Rm E	1.6				N/A	1.6	Passed
PSD		Special Care Day Rm W	2.7				N/A	2.7	Passed
PSD		WEST OF FD by 202	1.9				N/A	1.9	Passed
		Building: 320 [redacted]							
PSD		By 101	2.6				N/A	2.6	Passed
PSD		By 102	2.3				N/A	2.3	Passed
PSD		By 103	2.1				N/A	2.1	Passed
PSD		By 105	2.2				N/A	2.2	Passed
PSD		By 106	1.7				N/A	1.7	Passed
PSD		By 201 hi	2.2				N/A	2.2	Passed
PSD		By 202 hi	1.5				N/A	1.5	Passed
PSD		By 203 hi	1.6				N/A	1.6	Passed
PSD		By 205 hi	2.5				N/A	2.5	Passed
PSD		By 206 hi	2.5				N/A	2.5	Passed
PSD		By Door to Garage	1.6				N/A	1.6	Passed

SITE: [redacted]

INSPECTION DEFICIENCIES

I. Deficiencies Covered by Your Service Agreement - Corrected by Inspection Team

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
None								

II. Deficiencies Covered by Your Service Agreement - Service Call Required

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
None								

III. Deficiencies Not Covered by Your Service Agreement

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
None								

IV. Deficiencies Identified During This Inspection That Are The Customer's Responsibility

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
HD	301 [redacted]		IN CLEAN LINEN by Laundry			See Report Comments	Tested	Failed
HD	301		IN KITCHEN FOOD STORAGE			See Report Comments	Tested	Failed
HD	301		IN SOILED LINEN by Laundry			See Report Comments	Tested	Failed
CPHW	320		SE Entry (4004)			Expired Manufactors Date Code	Tested	Failed

Fire Dampers Records

Each damper shall be tested and inspected 1 year after installation. The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.

All documentation shall be maintained and made available for review by the AHJ.

[redacted]

Fire/Smoke Damper Test

Department	damper code	Description/location--lower level	Date test	test start Time	Open Y/N	Closed Y/N	Pass Y/N	test stop Time	Description of faults
surgery/PA	S114-NW-1.0	Preop-North Wall in34x10R	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Patient Acct	A104-Nctr-1.0	center-north wall-8x8 R	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Patient Acct	A104-NW-2.0	Corner-northwest wall-30x18 S	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Patient Acct	A105-Nctr-1.0	center-north wall-8x8 R	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Patient Acct	A105-NE-2.0	Northeast wall-lft of door-20x6 S	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Patient Acct	A114-SW-1.0	SW corner RO water room-8x8 R	12/31/2019	11:30a	Y	Y	Y	12:35pm	
surg waitRm	A108-E-1.0	ctr on East wall-18x10R	12/31/2019	11:30a	Y	Y	Y	12:35pm	
IT closet	E12-E-1.0	SE corner room	12/31/2019	11:30a	Y	Y	Y	12:35pm	
clinicwaitRm	A109-SW-1.0	West wall-corner -14x10S Visual thru vent	12/31/2019	11:30a	Y	Y	Y	12:35pm	
clinicwaitRm	A109-NW-1.0	West North Abv door -14x10S Visual thru vent	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Eye Clinic	V101-E-2.0	East wall Nofctr14x10R Access Eye clinic	12/31/2019	11:30a	Y	Y	Y	12:35pm	
IT storage	ec11-Nctr-1.0	IT storage Nwall 30x12R	12/31/2019	11:30a	Y	Y	Y	12:35pm	
IT storage	ec11-NE-3.0	IT storage NEwall 40x16S	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Clinic hall	ec12-Nctr-1.0	Above Door24x10R	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Clinic PR-A	E138-NE-1.0	NE corner of room 22x8R	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Clinic PR-A	E138-N-2.0	NW on N wall 14x8S	12/31/2019	11:30a	Y	Y	Y	12:35pm	
AHU-4	M12-E-1.0	east wall on AHU-42x36S	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Clinic	E111-W-1.0	W wall-S 14x10S	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Clinic	E146-N-1.0	N wall-ctr 14x8S	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Clinic	E144-N-1.0	N wall-E 8x8S	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Clinic	E144-N-2.0	N wall-ctr 8x8S	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Clinic	E142-N-1.0	N wall-ctr 8x8S	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Clinic	E140-N-1.0	N wall-ctr 14x8S	12/31/2019	11:30a	Y	Y	Y	12:35pm	
Ultrasound hall	C101-W-1.0	S door N 6x8S --to be installed							
Ultrasound hall	C101-W-2.0	S door S 6x5S --to be installed							
Medsurg	C201-W-1.0	S door S 12x6S --to be installed							
Medsurg	C202-E-1.0	E door-ctr-4x8S --to be installed							

Fire Door Inspection Records

Periodic inspections and testing shall be performed not less than annually.

Records shall be retained for a period of at least 3 years.

What to look for during a door inspection

1. Is the door and frame free from holes and breaks in all surfaces?

2. Are all the glazing, vision light frames and glazing beads intact and securely fastened?

3. Are the doors, hinges, frame, hardware and threshold secure, aligned and in working order with no visible signs of damage?

4. Is the door free from missing or broken parts?

5. Is the clearance from the door edge to the frame no more than 1/8 inch?

6. Is the door undercut no more than ¾ inch?

7. Does the active door leaf completely close when operated from the full open position?

8. Does the inactive leaf close before the active leaf when a coordinator is used?

9. Does the latching hardware operate and secure the door in the closed position?

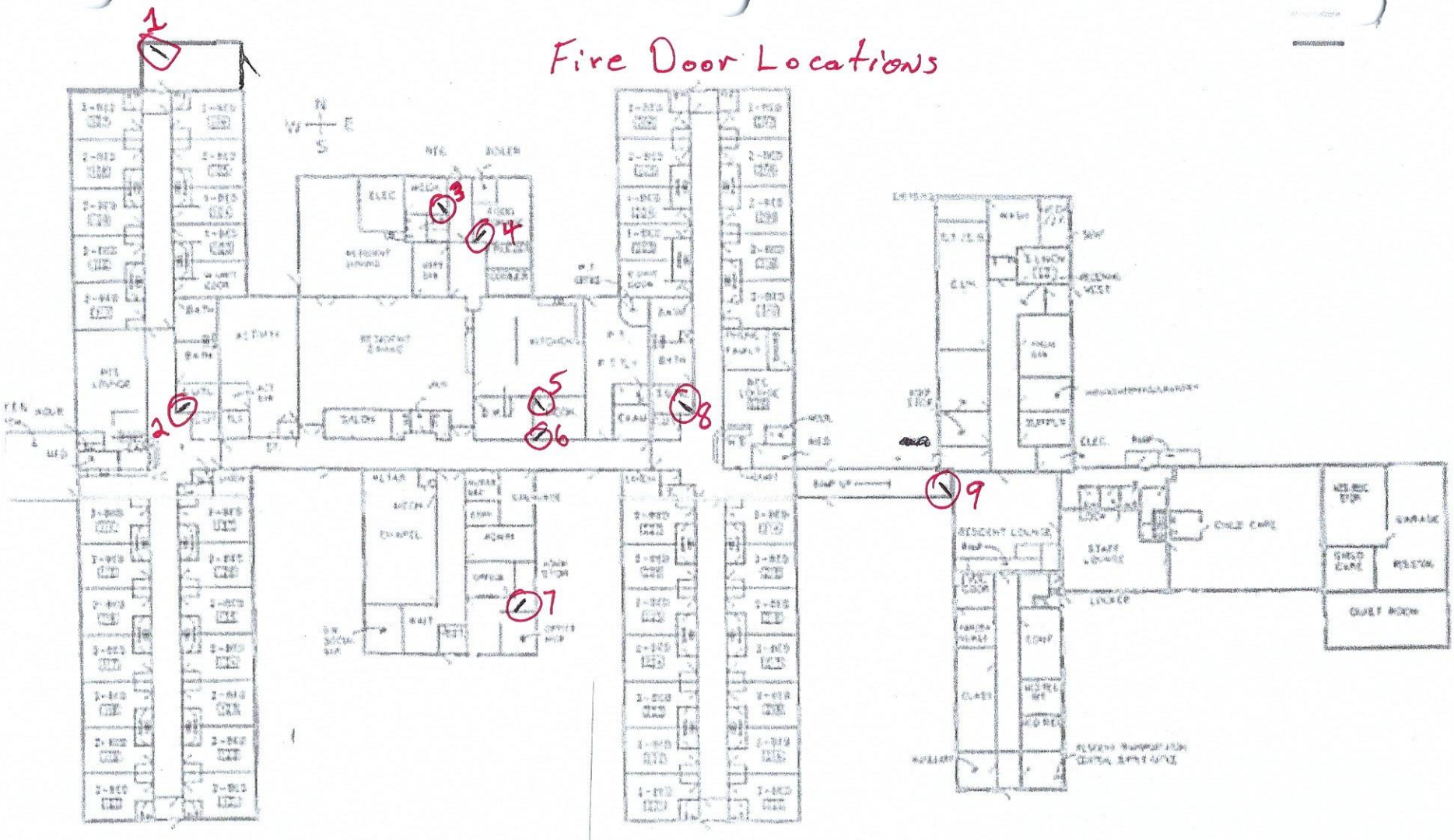
10. Is the door assembly free from any auxiliary hardware items which could interfere with its operation?

11. Is the door free from any modifications since it was originally installed?

12. If gasketing and edge seals are installed, have they been verified for integrity and operation?

13. Is 95% of the surface of the door free from signage?

Fire Door Locations



Annual Fire Door Inspection

Date	Fire Door	Pass	Fail	Comments
6-24-20	1	✓		
6-24-20	2	✓		
6-24-20	3	✓		
6-24-20	4	✓		
6-24-20	5		✓	Failed to Latch - Repair Made 6-25-20
6-24-20	6	✓		
6-24-20	7	✓		
6-24-20	8	✓		
6-24-20	9	✓		

Fire Drill Records – 1 per shift per quarter

Records shall be retained until the next drill and for 1 year thereafter.

Healthcare
Fire Drill
Tracking

Facility Name:

Month/Day/Year	AM Shift 6:00Am - 2:00pm	PM Shift 2:00pm - 10:00pm	NIGHT Shift 10:00pm - 6:00Am
January/23/2020	6:28 Am		
February/15/2020		3:14 pm	
March/20/2020			2:15 Am
April			
May			
June			
July			
August			
September			
October			
November			
December			

Basic Care
Fire Drill
Tracking

Facility Name:

Month/Day/Year	AM Shift	PM Shift	NIGHT Shift	Full Evacuation 1 Per Year
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Fire Drill Report

ote: Notify the fire department before conducting the drill if the fire alarm signal is automatically transmitted to the fire department or to a monitoring company.

Complete this section before conducting the drill. For each question, check ALL the answers that apply.

1. Simulated Situation
☐ Fire ☒ Smoke ☐ Other (specify):
2. Location
☐ Kitchen ☐ Dining ☐ Lobby ☐ Office ☒ Bedroom ☐ Other:
3. Type of Fire
☐ Bed ☐ Wastebasket ☐ Kitchen Range ☐ Laundry ☒ Other: Heater
4. Extent of Fire
☐ Large ☐ Small ☐ Explosion ☒ Electrical ☐ Paper ☐ Wood ☐ Controllable ☐ Other:
5. Extent of Smoke
☐ Noxious ☐ Whole Room ☐ Corridor ☐ Heavy ☒ Light ☐ Smoldering ☐ Other:
6. Exits Used in Relation to Simulated Situations
☐ Front Door ☐ Back Door ☐ Side Door ☐ Garage Door ☐ Window ☒ Other: smoke barrier
7. Rally Point Used (Fill in the blank. For example, in front of neighbor Smith's house, street sign, etc.)

Complete this section after conducting the drill. Explain any "No" answer in the Comments/Problems section below.

1. Did the staff use proper judgment? ☒ Yes ☐ No
2. What action(s) were taken during the fire drill? Removed occupants and turned power off to hector-
3. Was the fire department called? ☒ Yes ☐ No
4. What time was the fire department called? a.m. 6:28 p.m. _____
5. Were residents in halls removed to an area of safety? ☒ Yes ☐ No
6. Were all halls, corridors and other means of egress maintained clear and free of obstructions? ☒ Yes ☐ No
7. Were all corridor doors closed? ☒ Yes ☐ No
8. Who responded to the fire drill and with what equipment? Nursing and Maintenance Staff / Fire ext
9. Did the staff monitor the exits? ☒ Yes ☐ No
10. Was the building evacuated? ☐ Yes ☒ No
11. Did facility staff or the fire department extinguish any fire? ☐ Yes ☒ No
12. Who sounded the "all clear" and at what time? Maintenance Staff a.m. 6:40 p.m. _____
13. Was the emergency plan executed correctly? ☒ Yes ☐ No
14. Did the staff carry out their responsibilities? ☒ Yes ☐ No
15. Did the staff in different areas or wings: (Check all that apply and describe any problems in the Comments/Problems section below.)
    - ☒ Hear the fire alarm?
    - ☒ Follow proper procedures?
    - ☒ Stand by until "all clear" given?
    - ☒ Respond promptly to the fire alarm?
    - ☒ Return to their proper stations?
    - ☒ Hear the "all clear" announcement?
    - ☒ Follow procedures calmly, smoothly and efficiently?

Comments/Problems: _____

Names of Participants: JD, JS, BS, AD, JJ + SF

Report Completed By:	Title:	Date Drill Conducted:	Time:	Shift:
John Doe	Safety Director	1-23-2020	6:28 AM	AM

Note: Keep this completed form in the facility and present it to the surveyor at the time of the inspection.

Floor Finish Documentation – New only

Documentation shall be retained for the duration of the product in the facility.

TIMBERSCAPES™

TEKNOFLOR®

PRODUCT DATA SHEET
Rev: March 2018

MATERIAL: Teknoflor® Timberscapes™ Collection Commercial Resilient Sheet Flooring

- **Gauge: 2.3mm (.090")**
- **Width: 5' 11" Length 75'**
- **Repeat: 24.63"L x 35.46"W**
- **Packaging: 50 SY Per Roll**
- **Weight: 5.5 lbs per SY**

WARRANTY:
12 Year Wear Warranty. TEKNOFLOR® will furnish replacement flooring free of charge if there is a loss of original pattern and color under normal commercial use of TEKNOFLOR® for 12 years commencing on date of purchase provided the flooring was installed and maintained per standards set by TEKNOFLOR®. This warranty does not include damage due to improper installation or maintenance, excessive moisture or alkalis in the sub-floor or conditions arising from hydrostatic pressure, burns or loss due to inconvenience, incidental expenses or consequential damages so that the above limitation & exclusion may not apply.

COLOR SELECTION: 12 SKU's – three different patterns.

LEED: LEED v4 – MR Credit 4: Material Ingredients; EQ Credit 2: Low-Emitting Materials: Flooring Systems.

TEST DATA:

- Wear Layer: Type I, Grade 1 per ASTM F1303, embossed clear PVC wear layer 20mil polyurethane
  Backing Class: Class A: 4 ply fused backing system of .080" content PVC layer, fiberglass, PVC internal layer, polyester mesh back
- ASTM D4060: 18,000 Cycles until design layer visibly affected
  Critical Radiant Flux: ASTM648: NFPA Class 1, ≥0.45 watts/cm^2
- Smoke Density: ASTM662 <450 DM in flaming & non-flaming
- Static Load Limit: 750 psi at maximum limit
- Flexibility: Complies with ASTM-F1303
- Static Coefficient of Friction: Complies with ADA Guidelines
- Chemical Resistance: No Staining
- Resistance to Solvents: Complies with ASTM F-1303

INSTALLATIONS:

- For interior installations only. The building envelope must be enclosed with operational HVAC for a minimum of 1 week and preferably 2-3 weeks before starting installation.
- The subfloor surface shall be smooth and flat to 3/16" in 10 ft. (3.9 mm in 3 m) and 1/32" in 1 ft. (1 mm in 300 cm). (ASTM F710)
- Moisture and pH testing shall be properly performed and documented to confirm subfloor suitability:
  1. Concrete:
     a. ASTM F2170 In-situ Relative Humidity
     b. ASTM F1869 Calcium Chloride;
     c. pH testing (ASTM F710);
  2. Wood: Calibrated Wood Pin Meter
- Install resilient flooring and accessories after other trades, including painting and overhead operations have been completed.
- The substrate surface, floor covering, and adhesive shall be at a consistent temperature between 65ºF to 85ºF (Min 68ºF for Spray Adhesive) for 48 hours before, during and after installation.

ADHESIVE:

Use adhesives recommended by the flooring manufacturer.

APPROVED SUBSTRATES:

Properly prepared concrete, Thick Pour Gypsum (ASTM F2419), suspended wood and metal subfloors. Subfloor must be suitable for intended use and rigid, smooth and flat, permanently dry, clean & free of all foreign materials any other deleterious contaminants that may act as a bond breaker or staining agent.

SURFACE PREPARATION:

Use high quality Portland cement and or calcium aluminate based patching and leveling compounds recommended by their manufacturer for intended use conditions. The underlayment shall be mold, mildew and alkali resistant, non-shrinking and water-resistant with a minimum 3,500 psi cured compressive strength. Ensure proper mix water ratio, working time, drying time and moisture testing. CAUTION: Gypsum patching compounds shall not be used unless recommended and warranted by product manufacturer as project compliant.

INSTALLATION PROCEDURES:

- Roll out resilient sheet flooring with top surface up. Allow material to relax for twenty-four (24) hours.
- Trim off all damaged ends
- Straight edge or underscribe all side and end seams.
- Fold back sheet half way. Spread adhesive with replaceable blade type notched trowel. Roll sheet with downward pressure into adhesive.
- Roll sheet with 100-pound roller. Hand-roll all seams and perimeter of installation.
- Seams:
  1. Heat weld all seams
     a. Groove seam to accept weld rod.
     b. Melt matching/contrasting weld rod into grooves using heat weld gun.
     c. Once the heat weld is completely cool, use guide plate on spatula or other weld trimming knife to skive the weld rod for the first pass. Trim the second pass without the guide plate to provide a smooth flush seam.
  2. Chemical weld all seams using manufacturer's approved low gloss chemical weld.

Reference www.Teknoflor.com for complete Installation instructions.

ROUTINE MAINTENANCE:

- Before beginning, read all safety warnings, wear appropriate protective gear and put out caution signs in the area to be cleaned.
- Sweep, dust mop or vacuum the floor to remove all loose dirt and grit. Do not use treated dust mops.
- When available, clean the floor with an auto scrubber using a properly diluted Neutral pH cleaner and a 3M 5100 Red pad or equivalent pad or brush. Rotary or cylindrical brush cleaning is recommended for textured floors.
  DO NOT USE A MORE AGGRESSIVE PAD OR BRUSH.
- When an auto scrubber is not available, mop on a properly diluted Neutral pH floor cleaner. Apply the solution liberally, but do not flood the floor. Clean the floor using a mop, flat mop or machine scrub with a low speed (175-350 RPM) swing arm floor machine using a 3M 5100 Red pad or equivalent pad or brush.
  DO NOT USE A MORE AGGRESSIVE PAD OR BRUSH.
- Completely remove the cleaning solution using an auto scrubber, shop vacuum or mop and let the surface dry.
- Fans or air movers can speed up the drying process. Once the floor surface is clean and dry, remove caution signs.

FURNITURE RESTS & PROTECTORS:

Use appropriate furniture rests and floor protectors under all chairs, furniture, rolling equipment and beds. Proper selection and care of furniture rests, wheels and floor protectors is an important part of effective floor care.

Key Elements include:

- **NON-STAINING:**
  Be made of non-staining materials.
- **RADIUSED EDGE:**
  Provide slightly radius or rounded edges.
- **SUFFICIENT CONTACT AREA:**
  Have a surface contact area that is large enough to evenly distribute the load without causing damage to the floor. Generally, a 1" or larger diameter flat smooth contact area is appropriate for most applications.
- **COMPOSITION OF FLOOR GLIDES:**
  Commercial grade felt glides are preferred for resilient flooring. Stainless steel, nylon and non-staining rubber glides can be used. Do not use metal glides that may rust or plastic glides as they become abrasive with use and can scratch the floor.
- **COMPOSITION OF WHEELS:**
  Wheels for resilient & hard surface flooring should have a soft tread compound of urethane or non-staining rubber. Do not use hard plastic or metal wheels or rollers on resilient flooring. Hard wheels can cause surface damage to the flooring and break the adhesive bond causing bubbling.

Reference www.Teknoflor.com for complete Maintenance instructions.

TEKNOFLOR® TIMBERSCAPES™ is a NO-WAX, NO BUFF product.

hq. 1005 South 60th Street, Milwaukee, WI 53214 **tel:** 800.522.9166 **fax:** 414-944-0550 **web:** teknoflor.com

Furnishings and Mattresses Documentation

Documentation shall be retained for the duration of the item in the facility.

Direct Supply®

SIMPLE SLEEP FOAM MATTRESS

Owner's Manual

Thank you for purchasing a Simple Sleep Foam Mattress. Please read this entire manual carefully and keep it for future reference. This manual will provide you with instructions, warnings, warranty information and other important information about your mattress. Share this information with individuals who will be assembling, using, servicing and/or cleaning the product to help ensure it is cared for properly.

Product Specifications

Cover:
Two-way stretch top cover with backing
Heavy-duty, nonskid bottom cover
Antimicrobial, breathable, fluid-resistant, low-shear, tear-resistant, ¾ concealed zipper

Fire Ratings:
16 CFR 1633, 16 CFR 1632

Weight Capacity

Product/Part	Weight Capacity (lbs.)	Weight Capacity (kg)
Direct Supply® Simple Sleep Foam Mattress	300 lbs.	136 kg

⚠ **WARNING:** The user's body cannot exceed the width of the mattress at any weight capacity.

Directions for Use

1. To ensure full mattress expansion, the mattress must be unpackaged within 48 hours of receipt. **Do not use razor blades to cut packaging away from mattress.**
2. Unpack the mattress in an area with sufficient room to work. Do not allow children, animals or individuals with impaired cognitive or physical abilities near the product until it has been completely set up and the work area has been cleared of all debris.

NOTE: Do not remove product tag, cleaning instruction tag or law tag from the mattress. Removal of tags will void the warranty.

3. Inspect the mattress for shipping damage. If the mattress is damaged, **DO NOT USE MATTRESS** and immediately contact the distributor for further instruction.
4. Verify the proper mattress model and size was shipped. If you feel there was a mistake, **DO NOT USE MATTRESS** and immediately contact the distributor.
5. After verifying you've received the correct product without damage, properly discard all shipping materials.
6. Place the mattress on the bed frame and secure as necessary.
7. Compressed mattresses need time to properly recover. Allow the mattress to recover for 24 hours before using.
8. After 24 hours, the mattress is ready to use. If after 24 hours the mattress does not appear to have properly recovered, **DO NOT USE MATTRESS** and immediately contact the distributor.

NOTE: Always make sure the "Foot End" label of the mattress is positioned at the foot end of the bed.

Generator and Transfer Switch Records

A permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available.

ANY TOWN NURSING HOME

Emergency Generator – Weekly Inspection Checklist

										Comments/Corrective Actions
Date of inspection	9/18/08	9/25/08	10/2/08							
Inspection performed by	JJS	JJS	JJS							
General condition of prime mover/generator	OK	OK	OK							
Condition of belts & hoses	OK	OK	OK							
Engine oil level	OK	OK	OK							Checked with engine stopped
Lube oil heater	OK	OK	OK							
Coolant level	OK	OK	OK							
Water pump	OK	OK	OK							
Jacket water heater	OK	OK	OK							
Radiator	OK	OK	OK[1]							[1](10/2/08) Cores need cleaning - Done
Electrical/Generator breaker closed	OK	OK	OK							
Battery system:	OK[1]	OK	OK							[1](9/18/08) Topped off electrolyte
Electrolyte level	OK	OK	OK							Normal = 1250
Charger	OK	OK	OK							Reads less than 1 amp
Exhaust system	OK	OK	OK							
Fuel system:	OK	OK	OK							
Fuel supply level	OK	OK[1]	OK							[1](9/25/08) – ½ full, fuel added
Tank vent(s)	OK	OK	OK							

ANY TOWN NURSING HOME

Emergency Generator – Monthly Test Log

Generator Model: Caterpillar Engine Model: C18 Date installed: July 21, 2003

Standby kW nameplate rating: 600 kW 30% of standby rating = 180 kW Fuel type: Diesel Normal operating temp: 180° to 200° F

Month	Test Date	Time Meter Reading		Transfer Switch		Battery Specific Gravity	Oil Pressure	Operating Temp.	Load kW	Tested By	Comments
		Start	End	Inspection	Test						
January	1/3/09	147	147.8	OK	OK*	1255	47 psi	191°	231	JJS	*8 seconds to load transfer
February	2/1/09	153.1	153.9	OK	OK*	1250	49 psi	193°	238	JJS	*7 seconds to load transfer
March	3/2/09	162.2	163	OK	OK*	1260	46 psi	190°	234	JJS	*8 seconds to load transfer
April											
May											
June											
July											
August											
September											
October											
November											
December											

Sales and Service

PLANNED MAINTENANCE CHECKLIST
FULL SERVICE

CUSTOMER DETAILS			
CUSTOMER:	[redacted]	DATE:	6-14-19
ADDRESS:	[redacted]	SERVICE ORDER #:	[redacted]
		FA JOB ID:	[redacted]
SITE NAME:	[redacted]	TECHNICIAN:	
CONTACT NAME:	[redacted]	CONTACT EMAIL:	[redacted]
ASSET NAME:	CUMMINS 250	CONTACT TEL:	[redacted]
PRODUCT DETAILS		**SECONDARY PRODUCT DETAILS:**	
PRODUCT MANUFACTURER:	ONAN : GEN SET	MANUFACTURER:	
PRODUCT MODEL:	DFAC	MODEL:	
PRODUCT SERIAL:	K920490618	SERIAL:	
PROD HOURS / MILES / KM:	1064	HOURS / MILES / KM:	

PASS	N/A	NEEDS ATTN.	
✓			**A. PRE-OPERATIONAL CHECKS**
✓			**B. BATTERIES AND BATTERY CHARGER**

Battery install date: 01-MAY-14 Float Volts: 27.3 Current: Na

Record highest and lowest specific gravity measured:

High: Low:

Battery load test: Test CCA: 1400 X 2 Ambient temp: 80

Battery 1:	Float Volts:	13.60	Hold Volts:	10.6	Pass/Fail: Pass
Battery 2:	Float Volts:	13.8	Hold Volts:	10.64	Pass/Fail: Pass
Battery 3:	Float Volts:		Hold Volts:		Pass/Fail:
Battery 4:	Float Volts:		Hold Volts:		Pass/Fail:

		✓	**C. COOLING SYSTEM**

Last coolant fill date: Na

Last coolant maint date (Belts, hoses, coolant): Na

Jacket water temp: Worm °F

Cooling system pressure: Na PSI

Coolant Properties:

Freeze point: -30 DCA Concentration: P PH level: P

Sulfates: P Chlorides: F Appearance: P

LTA Coolant:

Freeze point: Na Appearance: Na PH level: Na

PASS	N/A	NEEDS ATTN.	
✓			**D. GENSET CONTROLS AND ACCESSORIES**
✓			**E. MAIN ALTERNATOR**
✓			**F. FUEL SYSTEM**

Main tank fuel level:	3/4	Second Main tank fuel level:	Na		
Day tank fuel level:	Na				
Fuel pressure:	Na	Running:	Na	Loaded:	Na

✓			**G. INTAKE AND EXHAUST SYSTEMS**
✓			**H. ENGINE AND LUBRICATION SYSTEM**
✓			**I. GENERATOR OPERATIONS**
✓			**J. LUBRICATION OIL AND FILTRATION SERVICE**
			K. TRANSFER SWITCH / SWITCHGEAR

Measure and record utility / source one voltage: 212 Vac

✓			**L. SYSTEM OPERATIONAL TEST**

Genset test without load, load test not permitted by: 4hr load bank

Record engine and load data:

Oil pressure:	35	Oil Temperature:	253	Coolant temp:	200
Battery Voltage:	14.3	Engine speed:	1803	Exhaust temp:	863
Coolant press:	Na	Blowby flow:	Na	LTA temp:	Na
Genset Voltage:	209	Genset freq/Hz	60.1	Load PF:	Na

Current:

A:	641	B:	638	C:	643
Load kW:	232	Load kVA:	Na	Load kVAR:	Na

Duration system test: 4 hr load bank Minutes

✓			**M. SITE PRE-DEPARTURE VERIFICATION**

Comments:
66659 RLA 6-12-19 Loaded and drove to site. Completed full service as per above documentation. Waited for load bank to show up. Completed for our load bank. Please see attached quote to drain and replace engine coolant and to replace engine air filter. No other problems found. Completed all paperwork and continue to next site.

Cummins OneBMS US Charlotte NC 28241	**TECHNICIAN NAME:**	**TECHNICIAN SIGNATURE:** [redacted]	**DATE:** 6-12-19
	CUSTOMER NAME:	**CUSTOMER SIGNATURE:**	**DATE:**

Diesel Generator Load Calculation (NFPA 110)

Amps: L1 _____ + L2 _____ + L3 _____ = Amps ÷ 3 = _____ Avg Amps

Avg Amps: _____ x Volts: _____ x 1.732 (for 3ph) ÷ 1000 = _____ Load KW

Load KW: _____ ÷ Name Plate KW: _____ = _____ % of Name Plate KW

If final KW calculation is greater than 30% of name plate value = "Pass"

If final KW calculation is less than 30% of name plate value = "Fail"

Example:

Amps: L1 __50__ + L2 __49__ + L3 __51__ = Amps ÷ 3 = __50__ Avg Amps

Avg Amps: __50__ x Volts: __480__ x 1.732 (for 3ph) ÷ 1000 = __41__ Load KW

Load KW: __41__ ÷ Name Plate KW: __250__ = __16__ % of Name Plate KW

If final KW calculation is greater than 30% of name plate value = "Pass"

If final KW calculation is less than 30% of name plate value = "Fail"

Note: 1 Kiloampere = 1000 Amps

Sales and Service

LOAD BANK TEST DATA FORM

CUSTOMER DETAILS	
CUSTOMER: [redacted]	**DATE:** 6-14-19
ADDRESS: [redacted]	**SERVICE ORDER #:** [redacted]
	FA JOB ID: [redacted]
SITE NAME: [redacted]	**TECHNICIAN:**
CONTACT NAME: [redacted]	**CONTACT EMAIL:** [redacted]
ASSET NAME: CUMMINS 250	**CONTACT TEL:** [redacted]
PRODUCT DETAILS	**SECONDARY PRODUCT DETAILS:**
PRODUCT MANUFACTURER: ONAN : GEN SET	**MANUFACTURER:**
PRODUCT MODEL: DFAC	**MODEL:**
PRODUCT SERIAL: K920490618	**SERIAL:**
PROD HOURS / MILES / KM: 251	**HOURS / MILES / KM:**

KW: 250	**FUEL LEVEL START:**
PHASE:	**FUEL LEVEL END:**
HERTZ:	**HOURS BEFORE:**
VOLTAGE:	**HOURS AFTER:**
TEST PURPOSE:	

MIN	TEST TIME	HOURMETER	KW LOAD	% LOAD	VOLTAGE PHASE 1	VOLTAGE PHASE 2	VOLTAGE PHASE 3	AMPERAGE PHASE 1	AMPERAGE PHASE 2	AMPERAGE PHASE 3	GEN FREQ	AMBIENT TEMP	OIL PRESS	OIL TEMP	WATER TEMP	EXHAUST TEMP	FUEL PRESSURE
START	12:00	251	76.1	30	209.4	209.9	210.3	209.3	209.7	210.2	60.1	76	35	178	170	525	Na
	12:15		142	57	211.0	211.2	212.1	387.2	388.7	388.9	60.1	78	35	218	175	641	Na
	12:30		141	57	210.5	210.8	211.5	387.2	387.5	388.0	60.1	78	35	208	180	681	Na
	12:45		141	57	210.0	210.9	212.5	387	387	388	60.1	78	35	208	180	675	Na
	1:00		141	57	212.6	210.5	211.2	385	386	387	60.1	78	35	209	180	684	Na
	1:15		171	68	209.3	210.4	211.5	467	468	470	60.1	80	35	225	180	7749	Na
	1:30		171	68	209.9	210.5	211.5	467	469	471	60.1	80	35	227	180	755	Na
	1:45		198	79	209.0	210.0	211.0	543	547	550	60.2	82	35	234	180	805	Na
	2:00		198	79	209.1	209.9	210.8	543	547	550	60.2	82	35	238	180	809	Na
	2:15		210	84	209.3	210.4	211.5	549	545	548	60.1	82	35	238	180	812	Na
	2:30		210	84	209	210	211	549	545	549	60.1	82	35	237	190	821	Na
	3:00		210	84	209	210	211	551	547	549	60.2	84	35	237	190	809	Na
	3:15		210	84	208.8	209.9	210.9	580	577	580	60.2	84	35	242	190	826	Na
	3:30		221	88	208.8	209.8	210.9	608	607	611	60.2	84	35	249	190	843	Na
	3:45		232	93	208.5	209.6	210.8	641	638	643	60.2	84	35	253	200	859	Na
	4:00	255	232	93	208.6	209.6	210.9	640	639	643	60.2	84	35	254	200	863	Na
END																	

COMMENTS:

Cummins OneBMS US Charlotte NC 28241	**TECHNICIAN NAME:**	**TECHNICIAN SIGNATURE:** [redacted]	**DATE:** 6-14-19
	CUSTOMER NAME:	**CUSTOMER SIGNATURE:**	**DATE:**

Interior Finish Documentation:

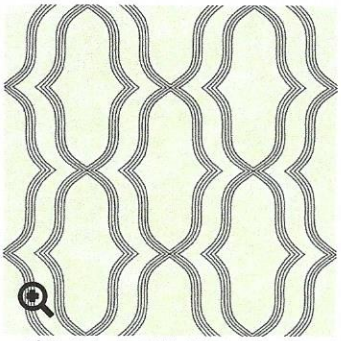
- Inspection:
  - Hoods shall be inspected monthly with date noted on log sheet.
  - Semiannually – maintenance and inspection for cleaning shall be conducted.
- Records:
  - Documentation shall be retained for the duration of the product in the facility.
- Product Information Sheet:
  - Floors
    - Description
    - Product Specifications
    - Physical Properties
    - Fire Hazard Classification:
      - Fire Rating: ASTM E-84 or ANSI/UL 723
      - Flame Spread: 25
      - Smoke Developed: 20
  - Walls
    - Description
    - Product Specifications
    - Physical Properties
    - Fire Hazard Classification:
      - Fire Rating: See Chapter 10, Table 10.2 of NFPA 101 for the appropriate test method which will define the Flame Spread and Smoke Developed standards.

Interior Finish Documentation

Documentation shall be retained for the duration of the product in the facility.

Type II Wallcoverings

- Basketweave (/category/basketweave-ii-18.aspx)
- Contemporary (/category/contemporary-ii-42.aspx)
- Damask (/category/damask-ii-36.aspx)
- Floral (/category/floral-commercial-wallcovering-63.aspx)
- Geometric (/category/geometric-ii-14.aspx)
- Grasscloth (/category/grasscloth-ii-17.aspx)
- Leather (/category/leather-22.aspx)
- Linen (/category/linen-ii-16.aspx)
- Marble & Stone (/category/marble-stone-ii-20.aspx)
- Metallic (/category/metallic-44.aspx)
- Patty Madden (/category/patty-madden-49.aspx)
- Rugged Texture (/category/rugged-texture-ii-40.aspx)
- Silk Texture (/category/silk-texture-ii-43.aspx)
- Solids (/category/solids-ii-21.aspx)
- Stripe & Stria (/category/stripestria-ii-19.aspx)
- Wood (/category/wood-wallcoverings-58.aspx)



(/IMAGES/PRODUCT/BLACK-OFF-WHITECOMMERCIAL-GEOMETRIC-WAL-BTFO-L.JPG)

Black & Off White Commercial Geometric Wallcovering

Type II Wallcoverings

Bold Finishes Commerial Vinyl (Page no: 1) (/wallpaper-collection/bold-finishes-commerial-vinyl-1086.aspx)

For pricing, please Login or Register

REGISTER (/REGISTER.ASPX?REGID=REGISTER&RETURNURL=%2FPR(

Login (/Register.aspx?RegId=Login&ReturnUrl=%2fproduct%2fblack-off-v



(/product/black-off-white-commercial-geometric-wallcovering-9480.aspx) (/product/blue-off-white-commercial-geometric-wallcovering-9481.aspx) (/product/blue-off-white-commercial-geometric-wallcovering-9482.aspx)

ORDER SAMPLE FOR $5.9 CALCULATE ROLLAGE (../WALLPAPE

Description:

Black & Off White Commercial Geometric Wallcovering. This is a black & off whitecolored commercial wallcovering. Packaged and sold in 30-yard bolts only. (Please note that is wallcovering is made to order. Samples take one week to be made and cut. Production time for actual orders: 2-3 weeks)

Product Specifications:

- **Pattern #:** CW-82000-TP-02
- **Pattern Name:** Black & Off White Commercial Geometric Wallcovering

Physical Properties:

- **Finish:** Non Woven
- **Match:** StraightMatch
- **Paper Attributes:** Strippable, Washable, Un-pasted
- **Repeat Length:** 10.4 in
- **Roll Length:** 1 Linear Yard (Packaged and sold in 30-yd bolts)
- **Roll Width:** 54 in In.
- **Weight and Type:** Type II 20 Oz
- **Fabric Backing:** No

Fire Hazard Classification:

- **Fire Rating:** ASTM E-84
- **Flame Spread:** 25
- **Smoke Developed:** 20

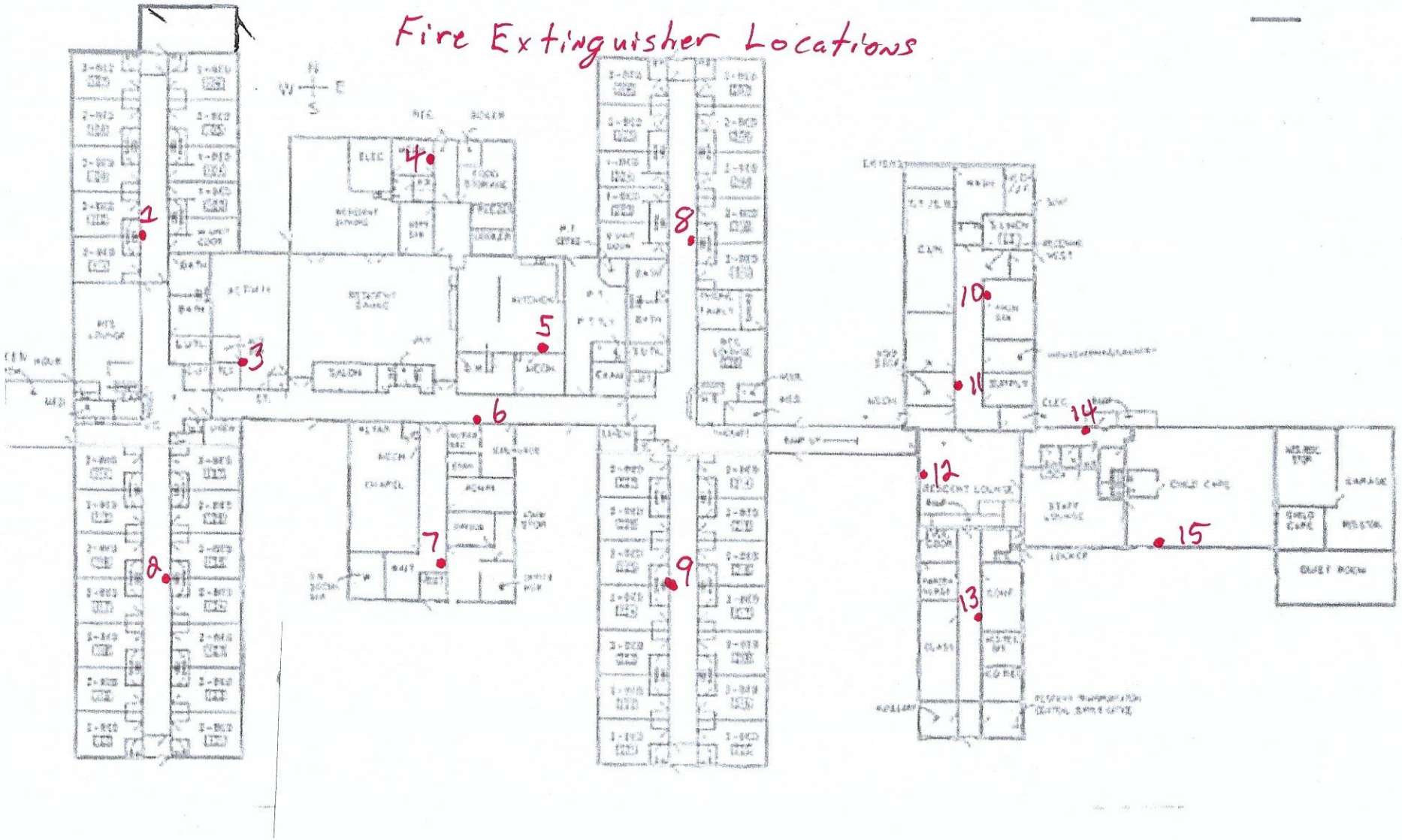
Portable Fire Extinguishers Records

Where monthly manual inspections are conducted, records for manual inspections shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist.

Fire extinguishers inspected via electronic monitoring, whereby the extinguisher causes a signal at a control unit when a deficiency occurs, shall provide record keeping in the form of an electronic event log at the control panel. Where electronically monitored systems are employed for inspections, records shall be kept for fire extinguishers found to require corrective action.

Records shall be kept to demonstrate that at least the last 12 monthly inspections have been performed.

Fire Extinguisher Locations



Monthly Fire Extinguisher Inspections

January 2019

EXTINGUISHER	Date	By	Pass	Fail	Comments
EXTINGUISHER 1	01/15/19	JD	X		
EXTINGUISHER 2	01/15/19	JD	X		
EXTINGUISHER 3	01/15/19	JD	X		
EXTINGUISHER 4	01/15/19	JD	X		
EXTINGUISHER 5	01/15/19	JD	X		
EXTINGUISHER 6	01/15/19	JD	X		
EXTINGUISHER 7	01/15/19	JD	X		
EXTINGUISHER 8	01/15/19	JD	X		
EXTINGUISHER 9	01/15/19	JD	X		
EXTINGUISHER 10	01/15/19	JD	X		
EXTINGUISHER 11	01/15/19	JD	X		
EXTINGUISHER 12	01/15/19	JD	X		
EXTINGUISHER 13	01/15/19	JD	X		
EXTINGUISHER 14	01/15/19	JD	X		
EXTINGUISHER 15	01/15/19	JD	X		

Range Hood System Records

At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. Records shall be retained for the period between the semiannual maintenance inspections.

At least semiannually, maintenance and inspection for cleaning shall be conducted. Records shall be retained for a period of 1 year after the next required maintenance and inspection for cleaning.

Monthly Range Hood Extinguishing System Inspections

Month	Date	By	Pass	Fail	Comments
January	01/15/19	JD	X		
February	01/15/19	JD	X		
March	01/15/19	JD	X		
April	01/15/19	JD	X		
May	01/15/19	JD	X		
June	01/15/19	JD	X		
July	01/15/19	JD	X		
August	01/15/19	JD	X		
September	01/15/19	JD	X		
October	01/15/19	JD	X		
November	01/15/19	JD	X		
December	01/15/19	JD	X		

Nardini FIRE EQUIPMENT

www.nardinifire.com / sales@nardinifire.com

Bismarck, ND

WET AGENT FIRE SUPPRESSION SYSTEM INSPECTION AND TESTING REPORT

Work Site #: [redacted]	Service Ticket #: ST00145192
Name of Facility: [redacted]	Installation/Service Report Date: 01/23/2020
Street Address: [redacted]	Time In: 08:40pm Time Out: 09:40am
	Last Maintenance Date: 2019-07-23
City: [redacted] State: ND Zip: 58366	Last Maintained By: [redacted]
Auth. Contact: [redacted] Phone: [redacted]	System 1 of 1 System location: Kitchen

Suppression System Type	**Panel Type (electrical only)**
Manufacturer: Ansul Model: R102	Manufacturer: Serial #: Rev #:
Type of Agent: Wet Agent Serial #: S248192	Model:

Water flow connection: Waterline union above system tank: Lockable valve accessible?

Water flow pressure ___PSI Tamper Switch Functions: Gas shutdown___ Electrical appliance shutdown___ Alarm___ Forced exhaust___ Makeup air___ Other___

CONTROL/RELEASE DATA

Manufacturer	Mech/Elec	Model	Mfg Year	Last Internal Test	# of Actuators	Location	Actuator Model	Damage/ Corrosion
Ansul	Mechanical	R-102	2009			Kitchen	Regulated	No

EXPELLANT GAS LINE

Expellant Line Material	Leak Test	Hose Dates	Damage/ Corrosion	Distance within Limit	Cartridge Type	Date	Weight	Inspected/ Replaced
Rubber		2009	No	Pass	Double tank	2008	116-5/8	Inspected

TANK/CYLINDER DATA

Manufacturer	Model	Mfg Date	Last Internal Test	Pressure Gauge in Proper Range/ Cylinder Full	Valve Model	Manifold?	# of Nozzles	IPI	# of Flows	Coverage Area	Damage/ Corrosion	Serial #
Ansul	3G	2009				No	6	Pass	11	Other	No	
Ansul	3G	2009				No	4	Pass	8	Appliances	No	

NOZZLES

Plenum 2 Duct 2 Range 2 Griddle 2 Fryer 2 Broiler ____ Up. Broiler ____ Chain Broiler ____

Salamander ____ Wok ____ Tilt ____ Skillet ____ Kettle ____ Pizza Oven ____ Other ____

DETECTION DATA

Mechanical/ Electric/Pneumatic	# of Detectors	Temp of Detector	Type of Detector	Links/Tubing # Replaced	Operates Release	Detector Housing Model	Damage/ Corrosion
Mechanical	7	360	Link	7	Pass	Series	No

Nardini FIRE EQUIPMENT

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REMOTE RELEASE DATA

Mechanical/ Electric/Pneumatic	Manufacturer	Operable?	Height from Floor (Inches)	At Pt. of Egress	Distance from Hood (Feet)	Damage/ Corrosion
Mechanical	Ansul	Pass	46	Pass	15	No

GAS VALVE DATA

Mechanical/ Electric/Pneumatic	Manufacturer	Size (Inches)	Location	Manual Reset Relay	Operable	If no, why?	Damage/ Corrosion

ELECTRICAL FUNCTIONS

Function	Micro/ Pressure	Switch Operates	Breaker/ Relay	Breaker/Relay Location	Damage/ Corrosion
Alarm	Micro	Yes	Relay		No
Appliances	Micro	Yes	Breaker	RM 510	No
M.U.Air	Micro	Yes	Breaker	RM 510	No
Exhaust	Micro	Yes	Breaker	RM510	No

NOTIFICATION/ANNUNCIATION

Alarmed	Dials Out or Local	Signals Received	Building Fire Panel Location	Monitoring Company	Monitor Co. Phone #	Account # and password	System Normal
Yes	Dials	Yes	Electrical	1-888-746-7539			Yes

	System/Hazard Inspection	Yes/No/NA	Comments
1.	Blow off caps replaced / Nozzle seals?	No	
2.	Filters installed and in good condition?	Yes	
3.	System installed utilizing good construction practices?	Yes	
4.	Hood penetrations sealed with UL listed device?	Yes	
5.	Hazard changes?	No	
6.	System installed per manufacturer specifications?	Yes	
7.	System complies with all local codes and standards?	Yes	
8.	System meets UL300 listing?	Yes	
9.	System red tagged?	No	
10.	Proper hand portable extinguisher near hood & serviced?	Yes	

Comments:

System tested ok

Lead	[redacted]		
2nd		[redacted]	[redacted]
	Nardini Fire Technician	Customer / Authorized Agent – Printed Name	Customer / Authorized Agent - Signature

Inspection and Cleaning of Kitchen Exhaust Systems

Service Company	Date of Service 1-7-2020	Time 9:00 PM
ABC Hood Cleaning	Name of Technician Print: [redacted]	Last Service Date 7-15-19
	Fuel Type: ☒ Natural Gas ☐ Electric ☐ Solid Fuel ☐ Other	
	Cooking Volume: ☐ High ☒ Medium ☐ Low	
Name: [redacted]	Hood Manufacturer: Halifax	Model # PSPHP848 / Serial #
Address: [redacted] City: [redacted]	Cooking Equipment: ☒ Griddles ☐ Deep fat fryers ☐ Woks	
Phone: [redacted] Fax: Store #	☒ Stoves ☐ Other ☐ Other	
Owner/Mgr: [redacted]		

Cleaning shall be conducted in accordance with the manufacturers maintenance manual. As a minimum, such cleaning shall consist of the following:

Mark appropriate box: All "NO" answers shall be explained in Comments.

Semiannual inspection or as needed	**Yes**	**No**	**NA**
Filters are in place?	✓		
Filters listed?	✓		
Wash cycle working?			✓
Wash nozzles clear?			✓
Fire suppression nozzles clear?	✓		
Fan tips and is accessible?	✓		
Safe access to fan?	✓		
Exhaust fan is operable?	✓		
Adequate number of access panels?	✓		
Entire system interior accessible for cleaning?	✓		
Ecology Unit cleaned?	✓		
Ecology Unit deficiencies?	✓		
Entire system cleaned in accordance with applicable codes?	✓		
Photos taken?	✓		

Comments:

Recommended Cleaning Frequency 2 **per year.**

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes or the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.

[redacted]	1-7-2020	11:00 PM	[redacted]
Technician Stamp	Date	Time	Owner or Authorized Agent

Nardini FIRE EQUIPMENT

www.nardinifire.com / sales@nardinifire.com

Bismarck, ND

WET AGENT FIRE SUPPRESSION SYSTEM INSPECTION AND TESTING REPORT

Work Site #: [redacted]	Service Ticket #: ST00126324
Name of Facility: [redacted]	Installation/Service Report Date: 07/25/2019
Street Address: [redacted]	Time In: 02:00pm Time Out: 03:30pm
	Last Maintenance Date:
City: [redacted] State: ND Zip: 58366	Last Maintained By: [redacted]
Auth. Contact: [redacted] Phone: [redacted]	System 1 of 1 System location: Kitchen

Suppression System Type		**Panel Type (electrical only)**		
Manufacturer: Ansul	Model: R102	Manufacturer:	Serial #:	Rev #:
Type of Agent: Wet Agent	Serial #: S248192	Model:		

Water flow connection: Waterline union above system tank: Lockable valve accessible?

Water flow pressure ___PSI Tamper Switch Functions: Gas shutdown___ Electrical appliance shutdown___ Alarm___ Forced exhaust___ Makeup air___ Other___

CONTROL/RELEASE DATA

Manufacturer	Mech/Elec	Model	Mfg Year	Last Internal Test	# of Actuators	Location	Actuator Model	Damage/ Corrosion
Ansul	Mechanical	R-102	2009			Kitchen	Regulated	No

EXPELLANT GAS LINE

Expellant Line Material	Leak Test	Hose Dates	Damage/ Corrosion	Distance within Limit	Cartridge Type	Date	Weight	Inspected/ Replaced
Rubber	Pass	2009	No	Pass	Double tank	2008	116 5/8	Inspected

TANK/CYLINDER DATA

Manufacturer	Model	Mfg Date	Last Internal Test	Pressure Gauge in Proper Range/ Cylinder Full	Valve Model	Manifold?	# of Nozzles	IPI	# of Flows	Coverage Area	Damage/ Corrosion	Serial #
Ansul	3G	2009		Pass		No	6	Pass	11	Other	No	
Ansul	3G	2009		Pass		No	4	Pass	7	Other	No	

NOZZLES

Plenum 2 Duct 2 Range 2 Griddle 2 Fryer 2 Broiler ____ Up. Broiler ____ Chain Broiler ____

Salamander ____ Wok ____ Tilt ____ Skillet ____ Kettle ____ Pizza Oven ____ Other ____

DETECTION DATA

Mechanical/ Electric/Pneumatic	# of Detectors	Temp of Detector	Type of Detector	Links/Tubing # Replaced	Operates Release	Detector Housing Model	Damage/ Corrosion
Mechanical	7	360	Link	7	Pass	Series	No

Nardini FIRE EQUIPMENT

www.nardinifire.com / sales@nardinifire.com

REMOTE RELEASE DATA

Mechanical/ Electric/Pneumatic	Manufacturer	Operable?	Height from Floor (Inches)	At Pt. of Egress	Distance from Hood (Feet)	Damage/ Corrosion
Mechanical	Ansul	Pass	46	Pass	15	No

GAS VALVE DATA

Mechanical/ Electric/Pneumatic	Manufacturer	Size (Inches)	Location	Manual Reset Relay	Operable	If no, why?	Damage/ Corrosion

ELECTRICAL FUNCTIONS

Function	Micro/ Pressure	Switch Operates	Breaker/ Relay	Breaker/Relay Location	Damage/ Corrosion
Alarm	Micro	Yes	Relay		No
Appliances	Micro	Yes	Breaker	RM 510	No
M.U.Air	Micro	Yes	Breaker	RM 510	No
Exhaust	Micro	Yes	Breaker	RM510	No

NOTIFICATION/ANNUNCIATION

Alarmed	Dials Out or Local	Signals Received	Building Fire Panel Location	Monitoring Company	Monitor Co. Phone #	Account # and password	System Normal
Yes	Dials	Yes	Electrical	1-888-746-7539			Yes

	System/Hazard Inspection	Yes/No/NA	Comments
1.	Blow off caps replaced / Nozzle seals?	Yes	
2.	Filters installed and in good condition?	Yes	
3.	System installed utilizing good construction practices?	Yes	
4.	Hood penetrations sealed with UL listed device?	Yes	
5.	Hazard changes?	No	
6.	System installed per manufacturer specifications?	Yes	
7.	System complies with all local codes and standards?	Yes	
8.	System meets UL300 listing?	Yes	
9.	System red tagged?	No	
10.	Proper hand portable extinguisher near hood & serviced?	Yes	

Comments:

System pass

Lead	[redacted]	[redacted]	[redacted]
2nd			
	Nardini Fire Technician	Customer / Authorized Agent – Printed Name	Customer / Authorized Agent - Signature

Inspection and Cleaning of Kitchen Exhaust Systems

Service Company	Date of Service 7-15-19	Time 8:30 PM
ABC Hood Cleaning	Name of Technician Print: [redacted]	Last Service Date 1-12-19
	Fuel Type: ☒ Natural Gas ☐ Electric ☐ Solid Fuel ☐ Other	
	Cooking Volume: ☐ High ☒ Medium ☐ Low	
Name: [redacted]	Hood Manufacturer: Halifax	Model # PSP HP 848 / Serial #
Address: [redacted] City: [redacted]	Cooking Equipment: ☒ Griddles ☐ Deep fat fryers ☐ Woks	
Phone: [redacted] Fax: Store #	☒ Stoves ☐ Other ☐ Other	
Owner/Mgr: [redacted]		

Cleaning shall be conducted in accordance with the manufacturers maintenance manual. As a minimum, such cleaning shall consist of the following:

Mark appropriate box: All "NO" answers shall be explained in Comments.

Semiannual inspection or as needed	Yes	No	NA
Filters are in place?	✓		
Filters listed?	✓		
Wash cycle working?			✓
Wash nozzles clear?			✓
Fire suppression nozzles clear?	✓		
Fan tips and is accessible?	✓		
Safe access to fan?	✓		
Exhaust fan is operable?	✓		
Adequate number of access panels?	✓		
Entire system interior accessible for cleaning?	✓		
Ecology Unit cleaned?	✓		
Ecology Unit deficiencies?	✓		
Entire system cleaned in accordance with applicable codes?	✓		
Photos taken?	✓		

Comments:

Recommended Cleaning Frequency 2 **per year.**

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes or the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.

[redacted]	7-15-19	10:30PM	[redacted]
Technician Stamp	Date	Time	Owner or Authorized Agent

Range Hood Systems:

- Inspection of UL300 Kitchen Range Hood:
  - Monthly - Hoods shall be inspected per manufacturer's listed installation and maintenance manual or the owner's manual.
  - Semiannually – The range hoods automatic extinguishing system must be serviced and inspected for cleaning.
- Records:
  - The date of the inspection and the initials of the inspector shall be kept on record.
  - Monthly Records shall be retained for the period between the semiannual maintenance inspections.
  - Semiannual Records shall be retained for a period of 1 year after the next required maintenance and inspection for cleaning.
- Inspection Sheets: These are usually provided by the company doing the inspection.
  - Wet Agent Fire Suppression System Inspection and Testing Report.
    - Work Site #
    - Name of facility
    - Street Address
    - City – State and zip code
    - Authority Contact and phone number
    - Date – Time in and time out
    - Last maintenance date and performed the maintenance
    - Manufacturer
    - Type of Wet Agent
    - Control/Release Data
    - Expellant Gas Line
    - Tank/Cylinder Data
    - Nozzles
    - Detection Data
    - Remote Release Data
    - Gas Valve Data
    - Electrical Functions
    - Notification/Annunciation
- Inspection and Cleaning of Kitchen Exhaust Systems
  - The extinguishing system is in its proper location.
  - The manual actuators are unobstructed.
  - The tamper indicators and seals are intact.
  - The maintenance tag or certificate is in place.
  - No obvious physical damage or condition exists that might prevent operation.
  - The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range.
  - The nozzle blow-off caps, where provided, are intact and undamaged.
  - Neither the protected equipment nor the hazard has not been replaced, modified, or relocated.
  - If any deficiencies are found, appropriate corrective action shall be taken immediately. At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. The records shall be retained for the period between the semiannual maintenance inspections.
  - A K-type fire extinguisher is required in kitchens that are equipped with a UL 300 hood system. A sign must be installed instructing on the use of the extinguisher.